

**MISSOURI  
CHILD FATALITY REVIEW PROGRAM  
ANNUAL REPORT 1998**



***Multi-disciplinary  
Investigators of Child Abuse***

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CHILD FATALITY REVIEW PROGRAM  
ANNUAL REPORT 1998**

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DIVISION OF LEGAL SERVICES**

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January 5, 2000

Dear Friends:

Enclosed is a copy of the 1998 Annual report for the Missouri Child Fatality Review Program (CFRP).

The data collection and analysis for this report occurred amidst multiple changes in calendar year 1999. The CFRP was relocated from Division of Family Services to Division of Legal Services in the Missouri Department of Social Services in January 1999. The intra-departmental relocation went smoothly. The physical office was relocated in June 1999 to 2724 Merchants Drive, Jefferson City, MO 65109 and personnel were reorganized in anticipation of exciting changes in the upcoming months.

It is with regret that I mention that the Unit suffered the loss of Richard P. Easter, Investigative Manager who died June 6, 1999. With great pride, the Unit proceeded in their duties and would like those of you who knew Richard to join them in honoring him for his well known success as a child advocate for all children.

The year 1999 activities have included the formulation and completion of a Task Force dedicated to the review of CFRP work. The Task Force findings are currently being incorporated into the duties of the newly appointed State Child Fatality Review Panel. Legislative enhancements, issuance of promulgated rules and a streamlining of the current program are anticipated. Prevention and education components of the program are to be enhanced in the very near future.

I wish to commend the local communities for their ongoing diligence in the collection of data included in this report. Their efforts are the strength of the Missouri Program.

We are looking forward to serving Missouri as the coordinating state agency for improved multidisciplinary team approach investigations, providing training and technical assistance to any local agency for child investigations and facilitating education and prevention programs in your County.

Sincerely,

Mary J. Browning  
Director

## **Department of Social Services**

### **Mission Statement**

To maintain or improve the quality of life for the people of the state of Missouri by providing the best possible services to the public, with respect, responsiveness and accountability, which will enable individuals and families to better fulfill their potential.

## **Child Fatality Review Program**

### **Mission Statement**

To promote more accurate identification and reporting of childhood fatalities, through local child fatality review panels, which will enable development of prevention strategies to address identified trends and patterns of risk, and improve coordination of services for the children and families of the state of Missouri.

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# MISSOURI CHILD FATALITY REVIEW PROGRAM

## BACKGROUND

In 1989, a cooperative study conducted by the Departments of Social Services and Health and the University of Missouri found that a significant number of child deaths (birth through age five) were not being accurately reported. The study revealed the causes of death were also not being adequately investigated or identified. As a result, a task force was appointed in August 1990 by Gary Stangler, Director of the Department of Social Services, to further study child fatalities. The task force made recommendations that became the basis for House Bill 185 (HB 185) which established a statewide, county-based system of child fatality review panels. This bill passed and became law (RSMo 210.192) effective August 28, 1991, and was implemented on January 1, 1992.

The law requires that every county in Missouri, and the City of St. Louis, establish a multi-disciplinary Child Fatality Review Program (CFRP) panel to examine the deaths that occur in Missouri of all children from birth through age 14. Effective January 1, 1995, the program population was expanded to include children through age 17. Under CFRP, counties have been grouped into regions, with regional coordinators (who live and have primary jobs in the regions they represent). Regional coordinators offer oversight, technical assistance and systematic evaluation to the counties in their region. The State Technical Assistance Team (STAT) assists the regions and the individual CFRP panels with training and investigative assistance. An appointed state panel, whose membership reflects the multi-disciplinary nature of the county panels, provides oversight and makes recommendations for change and refinement.

The law established a mechanism for the legal exchange of information between cooperating disciplines and agencies. If the death of a child meets specific criteria, it is referred to the county's CFRP panel. Unlike an inquest, no vote or consensus of opinion is sought at the conclusion of the panel review. Deaths reviewed by CFRP panels do not constitute an attempt to criminalize child deaths. Rather, the panels examine reasons for child deaths and ways to prevent them.

CFRP panels consist of local community professionals who attempt to identify the causes and circumstances surrounding the deaths of children by bringing their own expertise and skills to the review. The value of the panel's work is measured by the improvement in the services provided by the individual participating disciplines. The collection and interpretation of findings of a comprehensive review of child fatalities by each county can be used to determine trends, target prevention strategies, identify specific family/community needs or, when appropriate, support criminal justice intervention. The findings of each CFRP panel review are sent to STAT where they become valuable, retrievable statistics linked to birth and death data, as well as reports to the Division of Family Services, Child Abuse/Neglect hotline.

Identification of reasons for child deaths can lead to possible prevention methods. However, specific case details are never divulged or discussed beyond review. Reviews are not open to the public. Each panel and its members are advocates for the health and welfare of every child in their community; this

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includes the reasonable preservation of privacy.

Regional in-service training is conducted annually. Individual panel training, both scheduled and upon county request, is provided as necessary. STAT also makes CFRP-related presentations to professional and community/civic organizations.

## **STATE TECHNICAL ASSISTANCE TEAM**

Beginning as an implementation team for the Child Fatality Review Program, the State Technical Assistance Team (STAT) is a children's response unit of integrated, managed services. STAT's programs and partnerships enhance child protection at the community level while being minimally intrusive to victims, families and others. An organized, coordinated and timely evaluation of a child's death is a benefit to every level of the investigative process. The Missouri model is based on concurrent panel review versus retrospective review as a means of positively reinforcing each involved discipline's mandates.

To address the volume and complexity of child death-related issues in the major urban areas (Jackson County, St. Louis County and St. Louis City), individual urban models were created to address special requirements. While these panels do not have individual meetings for each death, they have information gathering and communication systems that, in fact, make their reviews immediate and concurrent.

Because the demands of the three major urban panels are so great, the Division of Legal Services provides full-time staffing to support their efforts. The Urban Case Coordinator (UCC) positions were created with the sole purpose of assisting the urban panels to meet their program objectives. Beyond offering staff assistance to the panels, the UCC coordinates community services and programs to benefit children and families and to reduce initial and repeat fatalities in the highest risk settings. This follow-up approach encourages the integration and coordination of services from the entire spectrum of community agencies.

Beyond the fatality and sexual abuse programs, STAT is perceived by many as an "omni-source" of information for the entire multi-disciplinary community of professionals dealing with child abuse and neglect events. The unit includes seven centralized positions (unit manager, technical investigator, four field investigators and one clerical position) and three "outposted" Urban Case Coordinators. The responsibilities of the unit are described below:

- Implement, support and institutionalize the Child Fatality Review Program (RSMo 210.192).
  - Develop and support an efficient and effective delivery system (regional coordinators, urban case coordinators, state child fatality review panel, etc.).
  - Train and maintain 115 county-based child fatality review panels.
  - Provide services and assistance to the panels and individual panel members when requested.
  - Collect information and data to identify patterns posing risks to children.

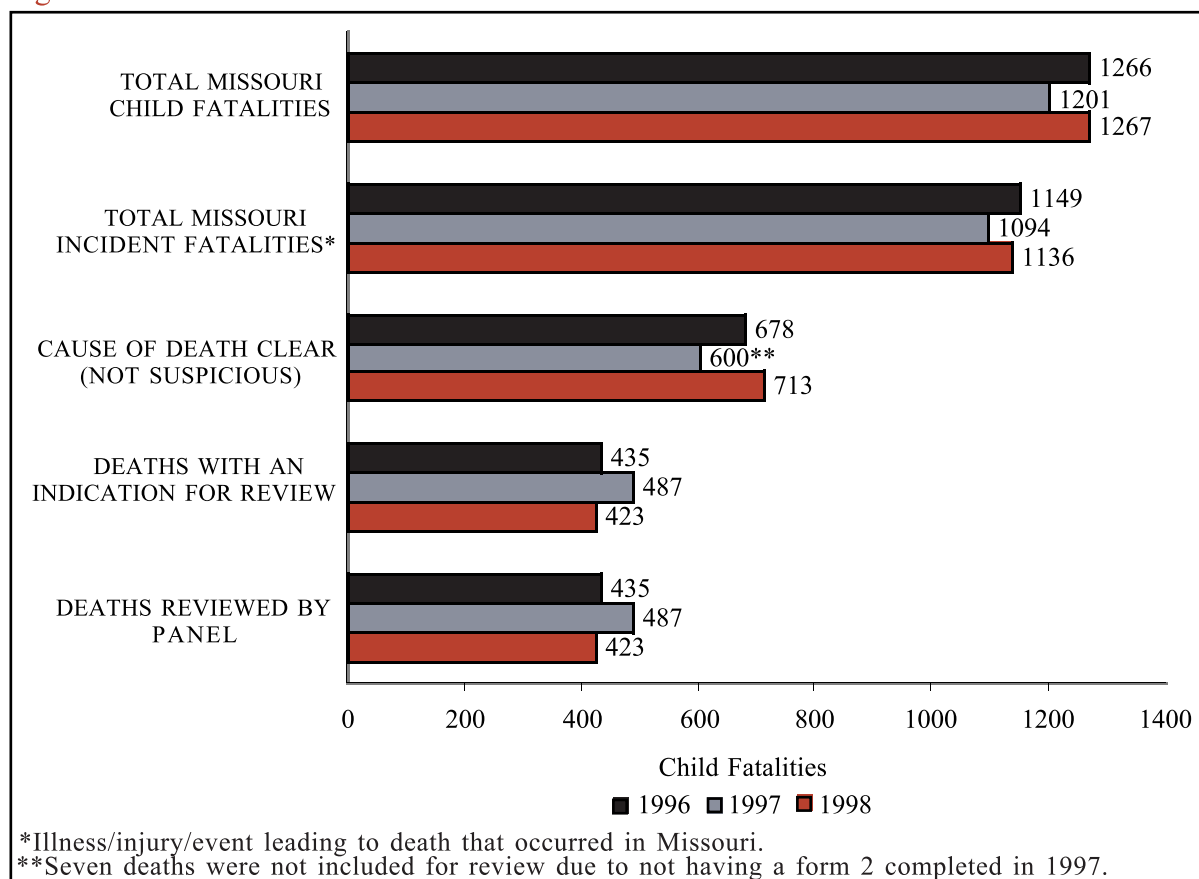
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- Encourage communities, organizations and agencies to develop deterrent and prevention strategies to reduce injuries and child fatalities.
  - Organize and develop multi-disciplinary teams to investigate serious sexual abuse involving children (HB 1370 RSMo 660.520, 210.110 et seq).
    - Organize and train multi-disciplinary teams throughout the state.
    - Provide expertise and direct assistance in cases meeting criteria for involvement.
  - Be an accessible and responsive information resource (24 hours a day, 365 days a year, via 800 number, pagers, on-call investigators) to the entire investigative community including DFS, law enforcement, coroner/medical examiners, prosecutors, juvenile court staff, and health professionals.
    - Answer specific procedural questions relative to the child fatality and sexual abuse programs.
    - Provide referral, technical and informational support (literature searches, medical consults, prosecution support, etc.) concerning all types of child maltreatment including physical abuse and other incidents outside the fatality and sexual abuse programs. STAT recognizes that many child fatalities are the end result of uninterrupted patterns of abuse and neglect.
    - Utilize data gathered from actual cases to demonstrate the predictability and preventability of childhood injuries and fatalities through awareness programs and training.



# Missouri Incident Fatalities

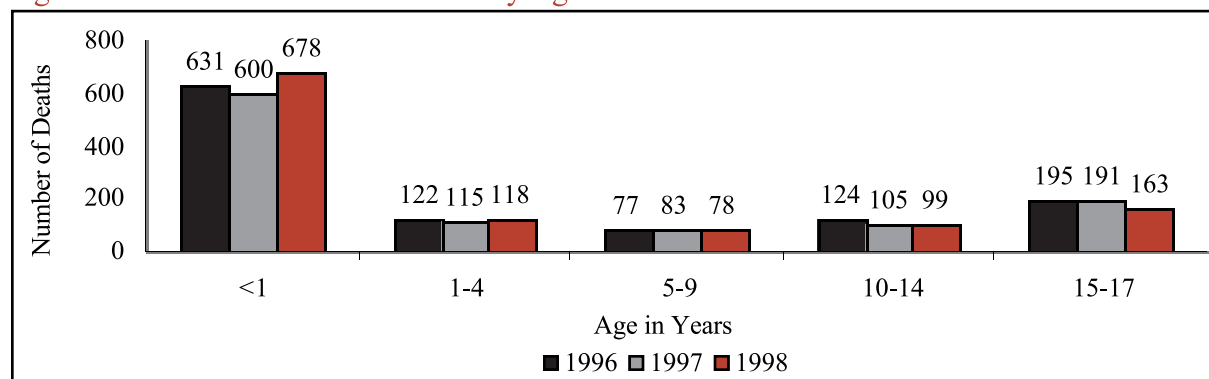
During 1998, 1,267 children less than 18 years of age died in Missouri (Figure 1) down slightly from the previous year. Of those, 1,136 were determined to be Missouri incident fatalities and therefore subject to review. The majority of deaths (713) had a clear, unsuspicious cause and were not referred for further review. The remaining 423 had an indication for review, and of those 100% were reviewed by panels.

Figure 1. Missouri Child Fatalities vs. Missouri Incident Fatalities



From 1996 to 1998, the majority of Missouri incident fatalities involved children less than 1 year of age (Figure 2).

Figure 2. Missouri Incident Fatalities by Age



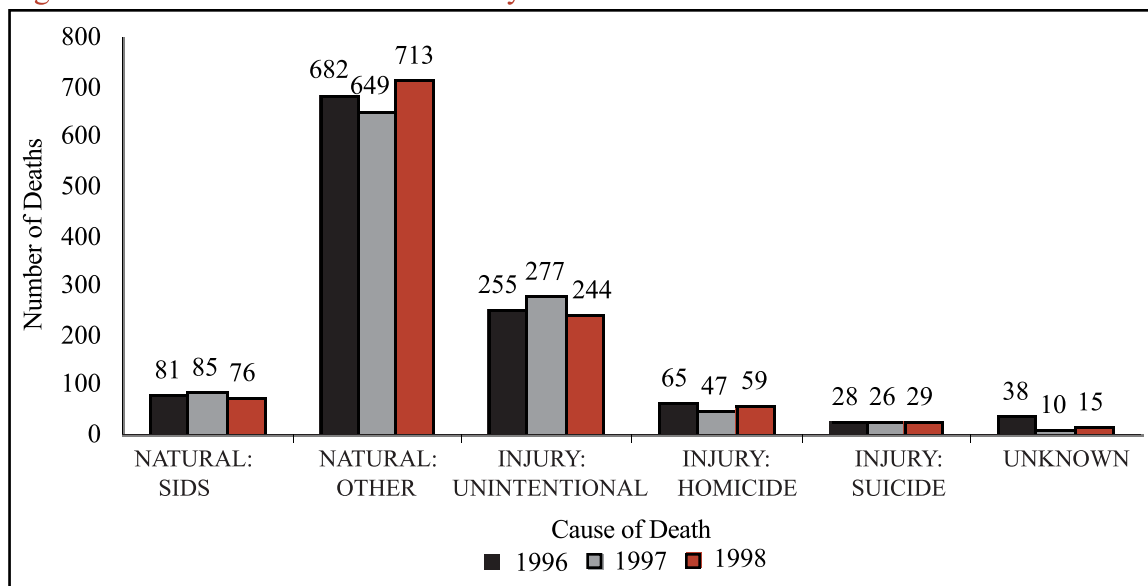
The proportion of males to females, as well as the racial proportion, remained relatively constant between 1996 to 1998 (Figure 3).

Figure 3. Missouri Incident Fatalities by Sex and Race

SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	458	447	479	WHITE	833	774	781
MALE	691	645	657	BLACK	293	298	346
UNKNOWN	0	2	0	OTHER	23	22	9
	1,149	1,094	1,136		1,149	1,094	1,136

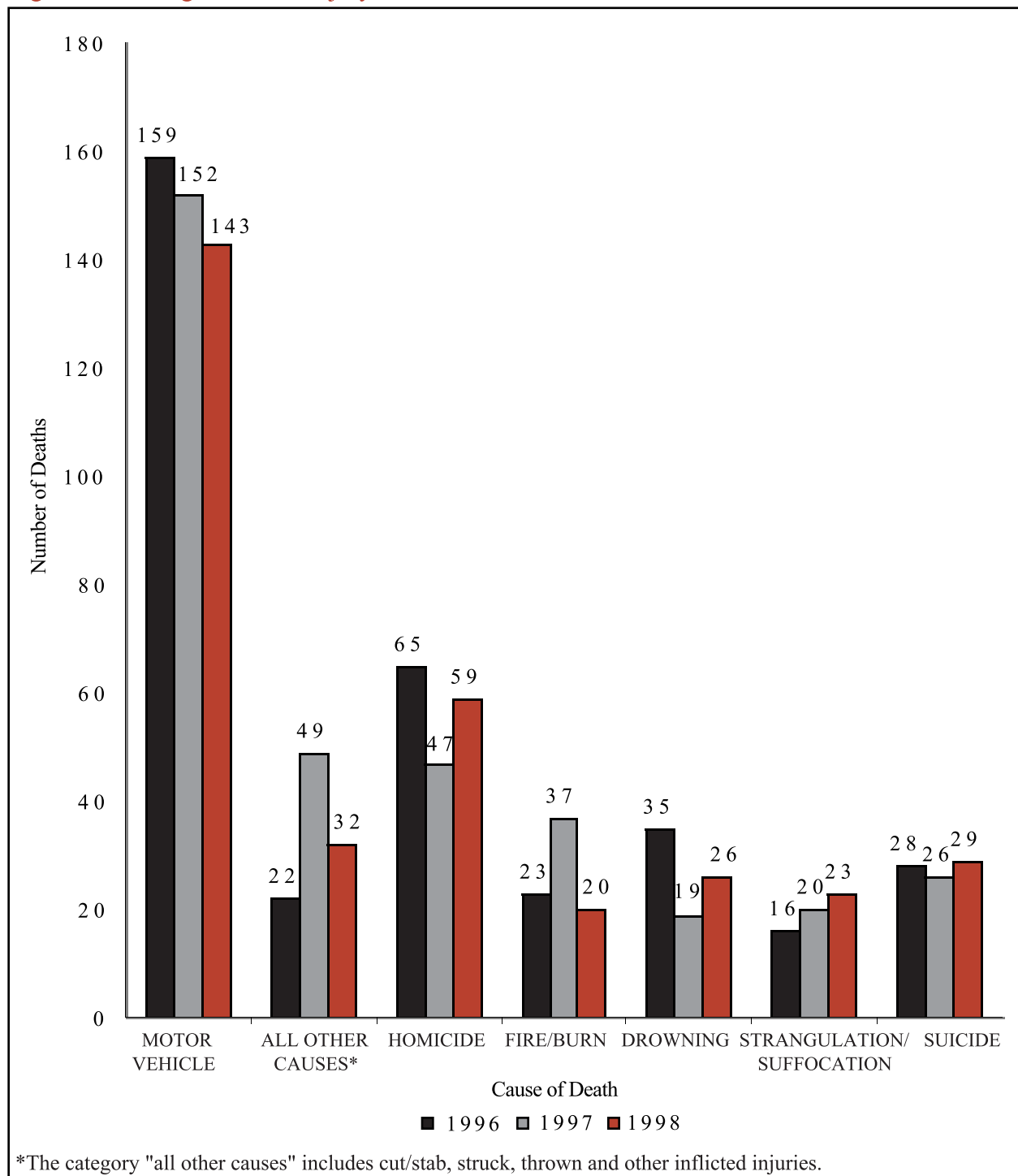
As shown in Figure 4, 69% (789) of all deaths in 1998 were the result of natural causes. This was a slight increase from 1997 when 67% (734) were the result of natural causes. Sudden Infant Death Syndrome (SIDS) was the cause of 76 deaths in 1998 representing 10% of natural cause deaths and 7% of all deaths. Homicides in 1998 (59) (5%--of all incident fatalities) increased by 26% from 1997 levels (47) (4%).

Figure 4. Missouri Incident Fatalities by Cause



Injuries were the cause of 332 deaths in 1998 (29%) compared to 350 deaths in 1997 (32%) and 348 deaths in 1996 (30%). Motor vehicle injuries were the leading cause of injury death in 1998 (143) (43%), 1997 (152) (43%) and 1996 (159) (46%). Fire/burn deaths decreased by 46% from 37 in 1997 to 20 in 1998 (Figure 5).

Figure 5. Leading Causes of Injury Deaths



Note: In 1998, there were a total of 145 motor vehicle fatalities, 2 were classified as homicides and were not included in the total number reported for motor vehicle fatalities. Fire/burn injuries were the cause of 24 deaths, 4 were classified as homicides. Drownings were the cause of 32 deaths, 2 were not reviewed by a panel and were not included in the reported total, 2 were classified as homicides, and 2 were classified as motor vehicle fatalities.

The number of deaths occurring monthly remained fairly constant during 1998 with a slight decline in February and a slight rise in November. The peak month for 1996 was August compared to 1997 which reported a drop in August (Figures 6A and 6B).

Figure 6A. Total Number of Deaths by Month of Death

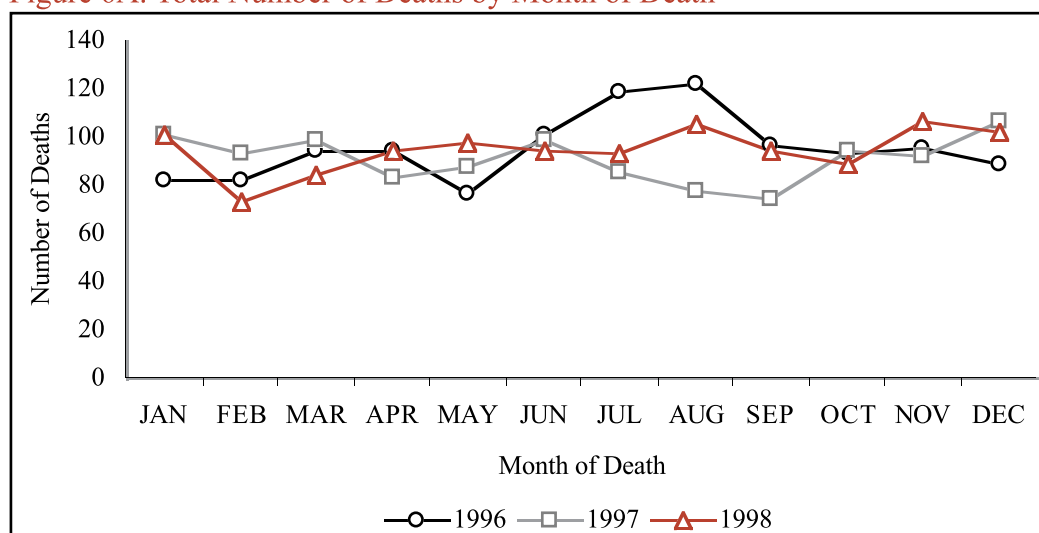


Figure 6B. Total Number of Deaths by Month of Death

	1996	1997	1998
JAN	82	101	101
FEB	82	93	73
MAR	95	99	84
APR	94	83	94
MAY	77	88	98
JUN	101	99	95
JUL	119	86	93
AUG	122	78	106
SEP	97	74	94
OCT	93	94	89
NOV	96	92	107
DEC	89	107	102

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# **NATURAL DEATHS**

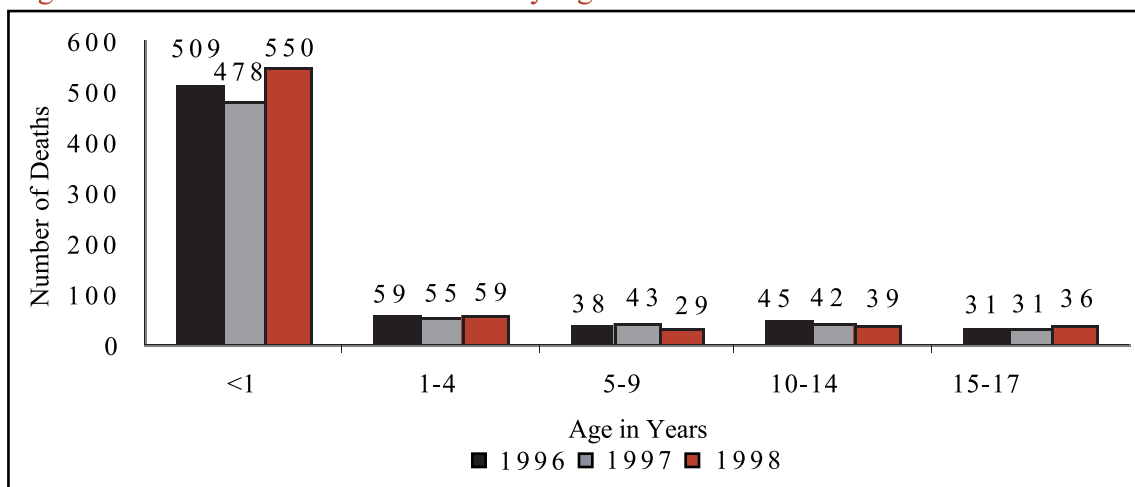
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## Illness/Natural Cause Deaths

Illness/Natural causes were responsible for the deaths of 713 children in 1998, representing 62.8% of all Missouri incident fatalities.

As shown in Figure 7, children less than 1 year of age comprised the largest group of illness/natural cause deaths in 1998 (550) (77%), 1997 (478) (74%) and 1996 (509) (75%).

Figure 7. Illness/Natural Cause Deaths by Age



From 1996 to 1998, the majority of illness/natural cause deaths involved white males. There were no significant changes from 1996 to 1998 in male to female and black to white proportions (Figure 8).

Figure 8. Illness/Natural Cause Deaths by Sex and Race

SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	282	288	314	WHITE	481	455	474
MALE	400	359	399	BLACK	185	182	232
UNKNOWN	0	2	0	OTHER	16	12	7
	682	649	713		682	649	713

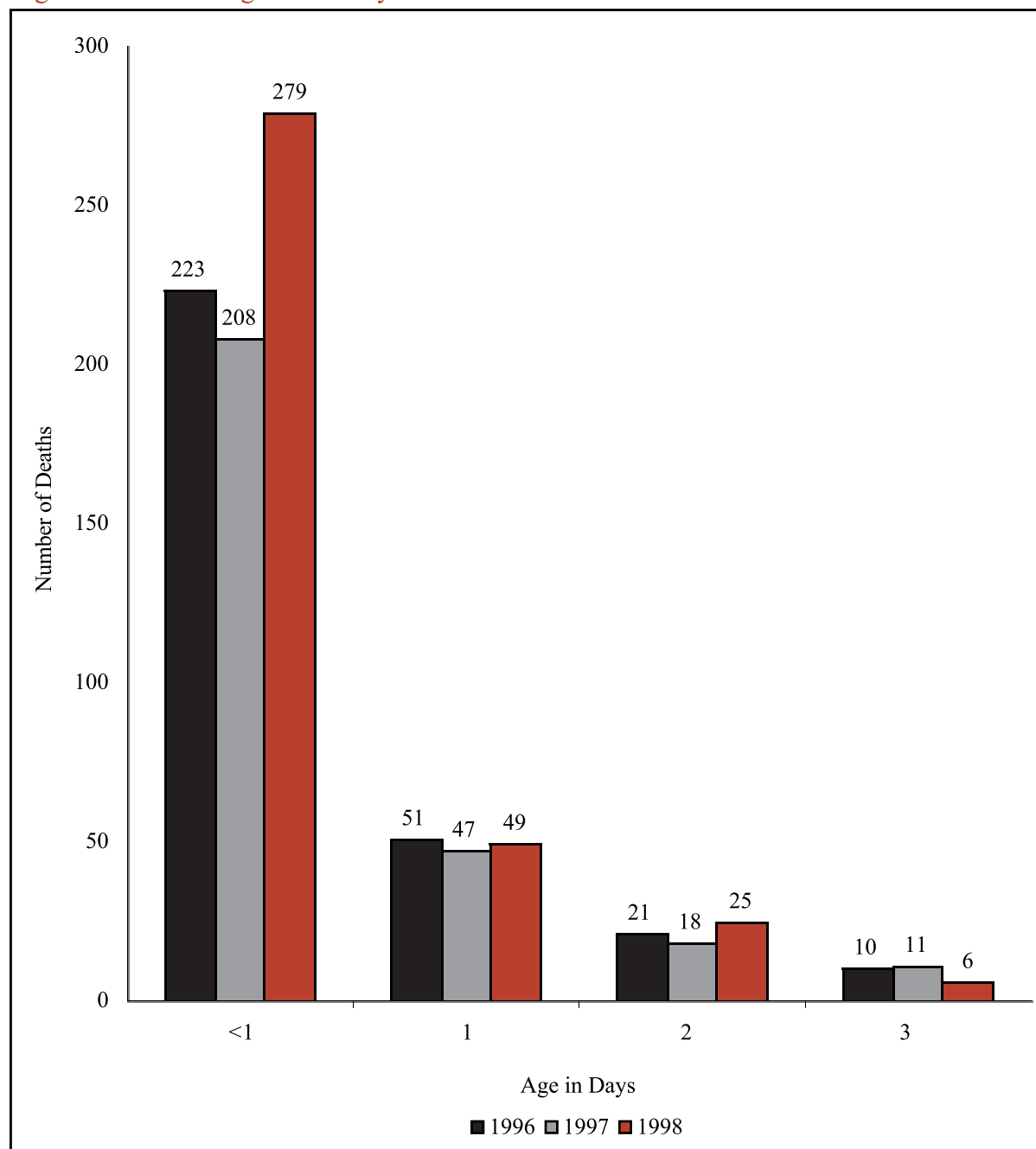
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## Illness/Natural Cause Deaths (continued)

Children 3 days old or less made up the majority of illness/natural cause deaths in 1996 (305), 1997 (284), and 1998 (359). Thirty-three percent in 1996 (223), 32% in 1997 (208), and 39% in 1998 (279) of all illness/natural cause deaths involved children less than 1 day old (Figure 9).

Figure 9. Children Age Three Days or Less That Died of Illness/Natural Causes



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## Illness/Natural Cause Deaths (continued)

The number of illness/natural cause deaths remained fairly constant for 1998, with the lowest number (46) occurring in February and the peak (66) occurring in November. February of 1998 marked a substantial drop compared to the same month in 1997 (65). However, November of 1998 marked an almost equally substantial rise compared to November of 1997 (48) (Figures 10A and 10B).

Figure 10A. Illness/Natural Cause Deaths by Month of Death

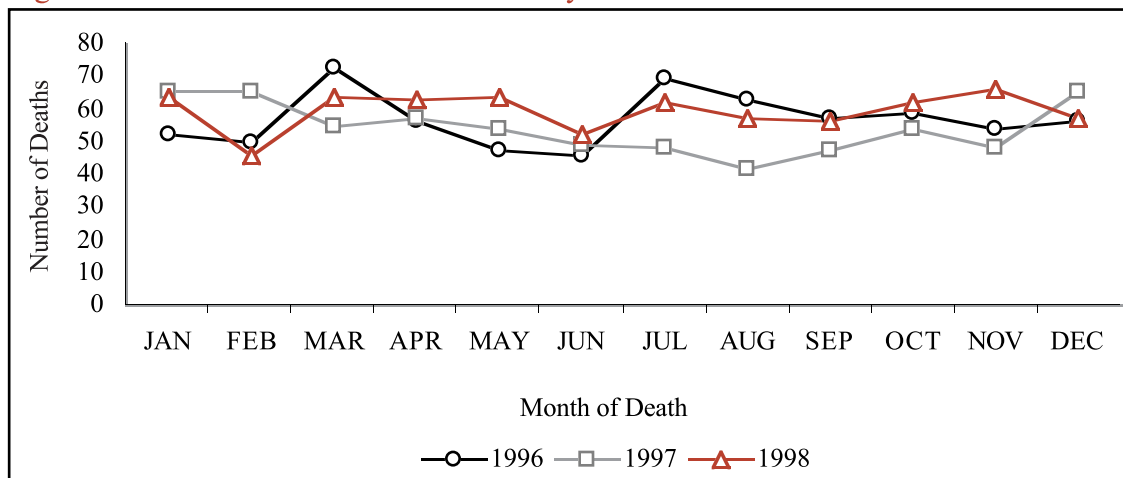


Figure 10B. Illness/Natural Cause Deaths by Month of Death

	1996	1997	1998
JAN	52	65	64
FEB	50	65	46
MAR	73	55	64
APR	56	57	63
MAY	47	54	64
JUN	46	49	52
JUL	69	48	62
AUG	63	42	57
SEP	57	47	56
OCT	59	54	62
NOV	54	48	66
DEC	56	65	57

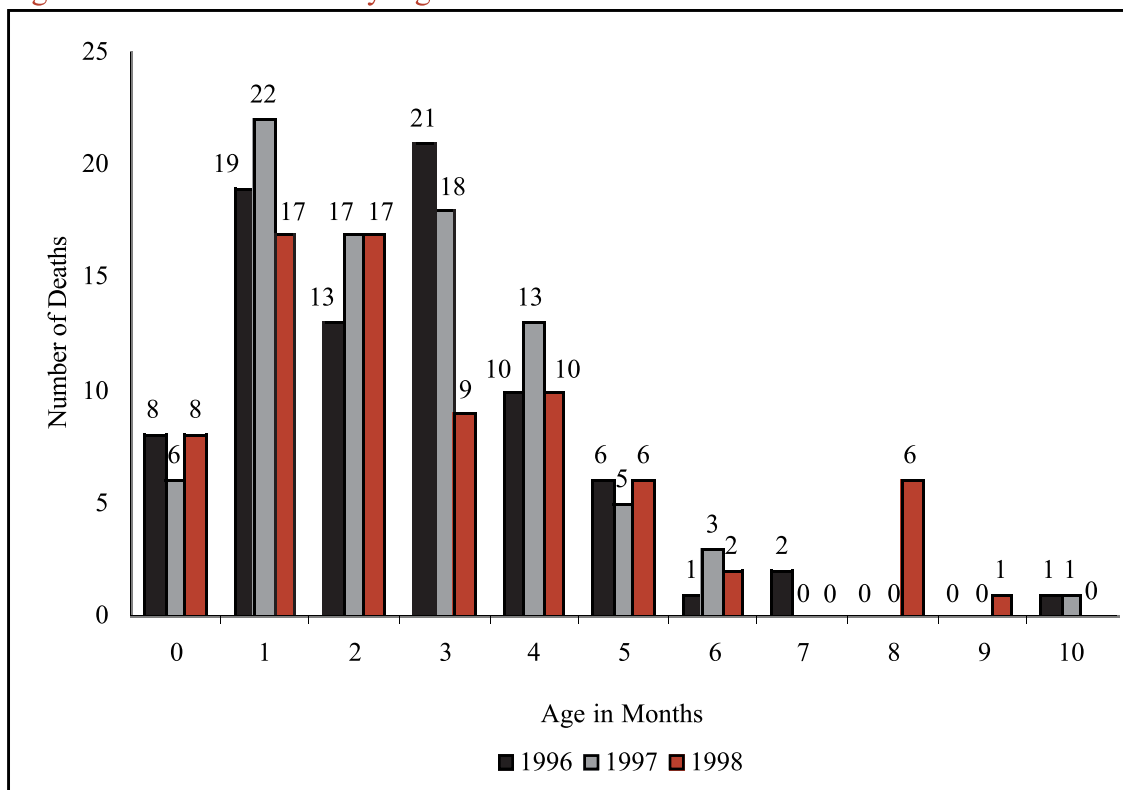


## SIDS (Sudden Infant Death Syndrome)

SIDS resulted in the deaths of 76 children under the age of 1 year during 1998.

As shown in Figure 11, SIDS fatalities peaked at ages 1 and 2 months in 1998 (17) (22%), and age 1 month in 1997 (22) (26%). In 1996, the peak occurred at 3 months of age (21) (26%).

Figure 11. SIDS Fatalities by Age



The majority of SIDS fatalities involved white, male children from 1996 to 1998 (Figure 12).

Figure 12. SIDS Fatalities by Sex and Race

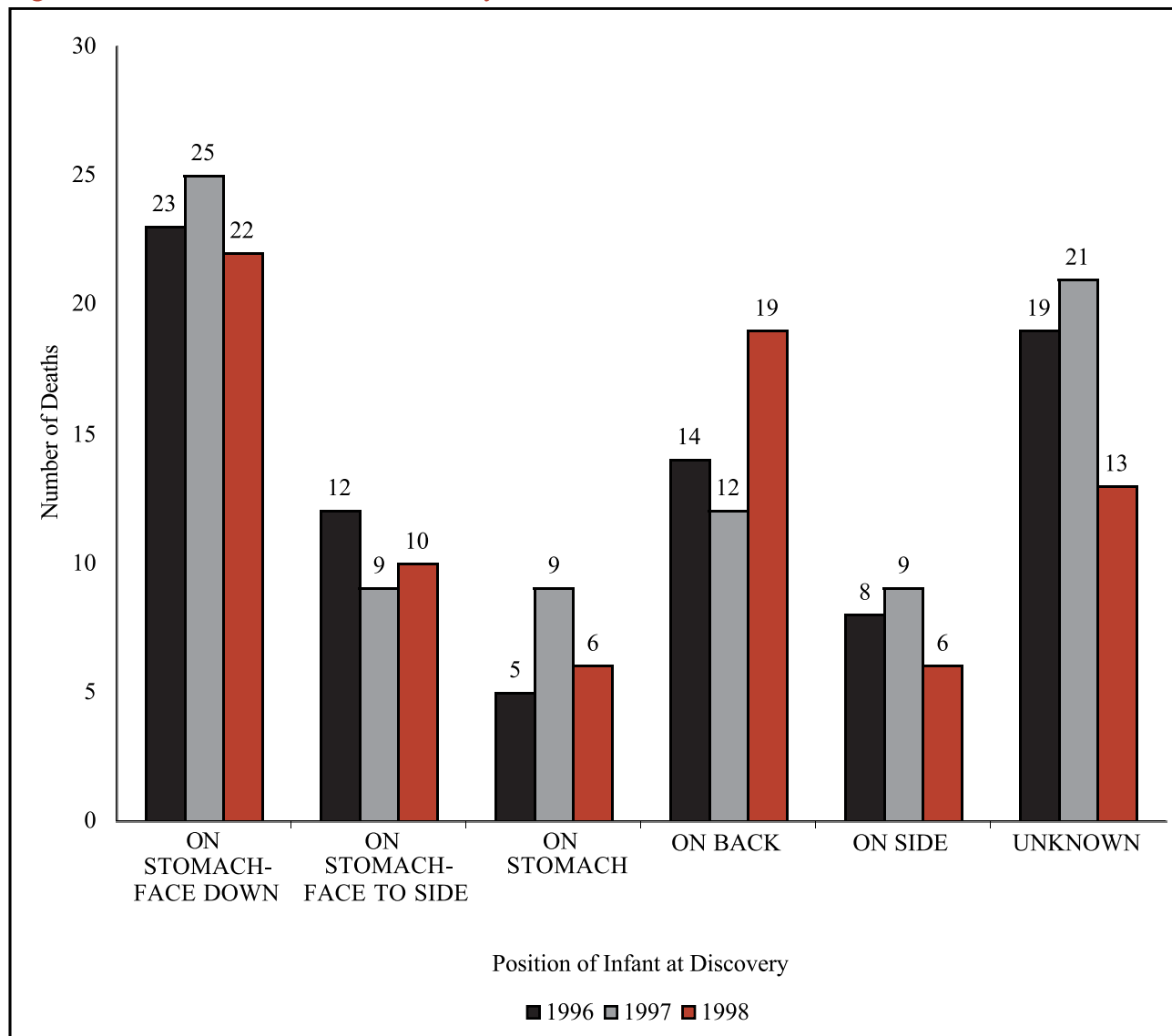
SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	35	32	29	WHITE	52	54	49
MALE	46	53	47	BLACK	28	29	27
	81	85	76	OTHER	1	2	0
					81	85	76

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## SIDS (continued)

The majority of children that died of SIDS were found positioned on their stomach with their face down in 1996 (23) (28%), 1997 (25) (29%), and 1998 (22) (29%) (Figure 13).

Figure 13. Position of Infant at Discovery



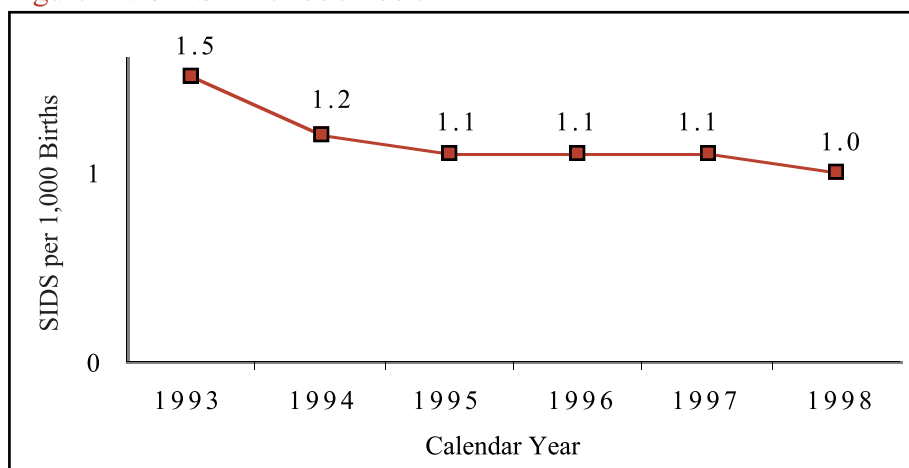
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## SIDS (continued)

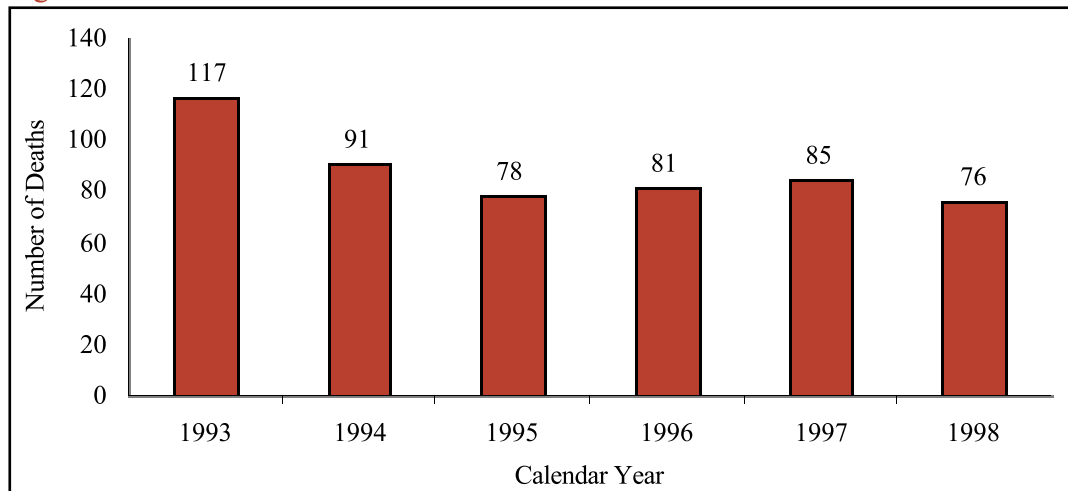
During 1998, 1.0 child died of SIDS for every 1,000 live births. The peak SIDS rate occurred in 1993 with 1.5 SIDS deaths for every 1,000 live births (Figure 14).

Figure 14. SIDS Rate 1993-1998



During the 3 year period of 1993 to 1995, Missouri averaged 95 SIDS deaths per year. In contrast, during the 3 year period of 1996 to 1998, Missouri averaged 81 SIDS deaths per year, representing a 15% decrease (Figure 15).

Figure 15. Missouri SIDS Deaths 1993-1998



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## SIDS (continued)

The number of SIDS deaths peaked at 10 in 1998, during the months of January and September. In 1997, the peak occurred in March (13), whereas in 1996 the peak occurred in September (12) (Figures 16A and 16B).

Figure 16A. SIDS Deaths by Month of Death

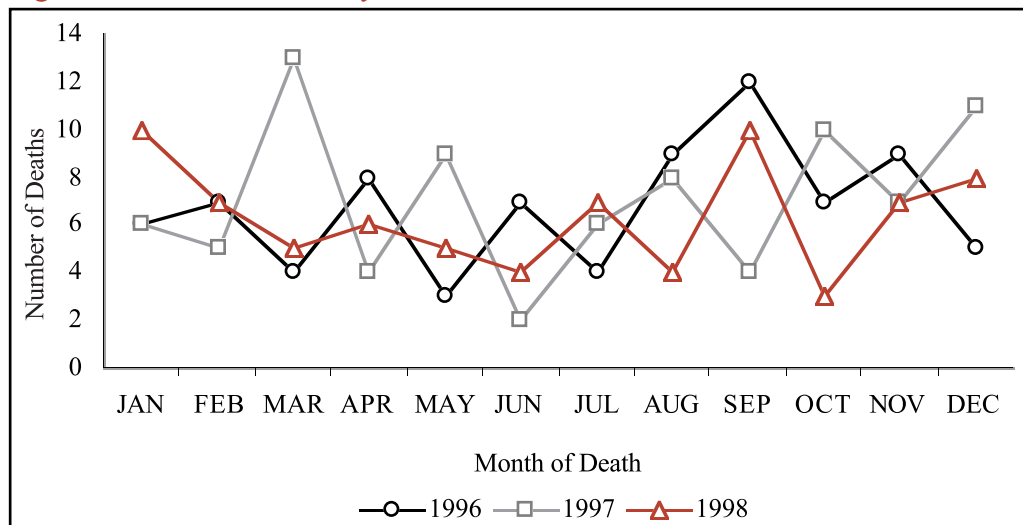


Figure 16B. SIDS Deaths By Month of Death

	1996	1997	1998
JAN	6	6	10
FEB	7	5	7
MAR	4	13	5
APR	8	4	6
MAY	3	9	5
JUN	7	2	4
JUL	4	6	7
AUG	9	8	4
SEP	12	4	10
OCT	7	10	3
NOV	9	7	7
DEC	5	11	8

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# **NON-NATURAL DEATHS**

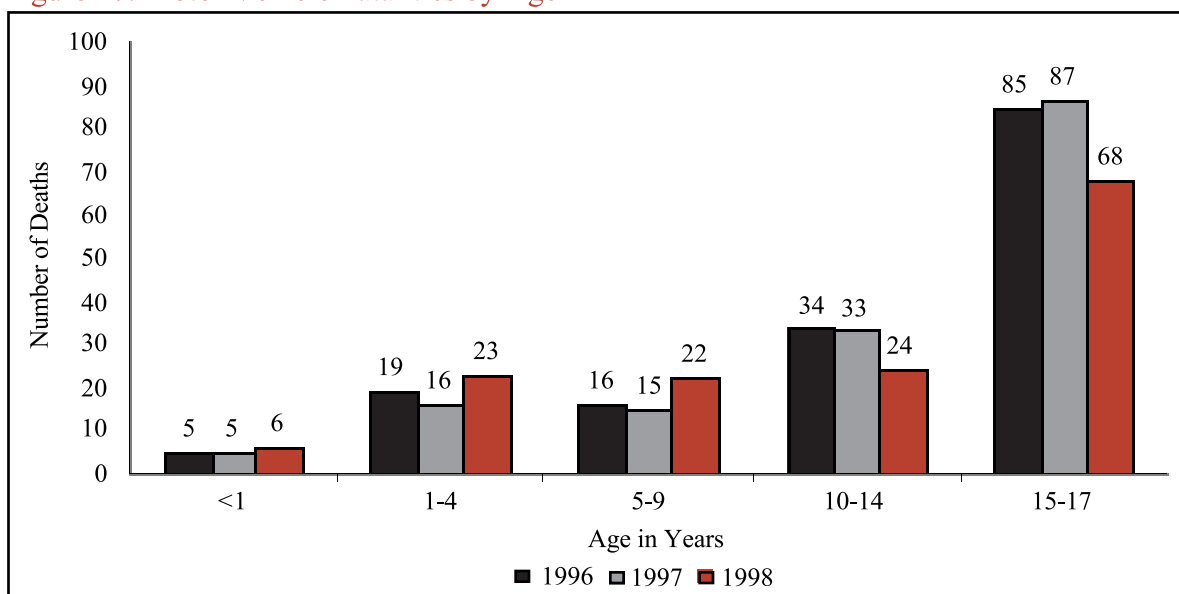
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## Motor Vehicle Fatalities\*

Motor vehicle accidents resulted in 143 deaths during 1998,  
representing 43.1% of injury-related deaths.

As shown in Figure 17, 47.6% of motor vehicle fatalities involved children older than 14 years of age in 1998. In comparison, over 50% of motor vehicle fatalities involved children older than 14 years of age in 1996 (85) and 1997 (87), marking a slight decrease in fatalities for this age group in 1998.

Figure 17. Motor Vehicle Fatalities by Age



The majority of victims of motor vehicle fatalities from 1996 to 1998 involved white, male children (Figure 18).

Figure 18. Motor Vehicle Fatalities by Sex and Race

SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	59	74	53	WHITE	138	125	130
MALE	100	78	90	BLACK	18	24	12
	159	152	143	OTHER	3	3	1
					159	152	143

\*There were a total of 145 motor vehicle fatalities for 1998, 2 deaths were classified as homicides and were not included in the final number of motor vehicle fatalities.

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## Motor Vehicle Fatalities (continued)

A 6-year-old was killed when a car driven by her mother struck an on-coming vehicle. The child, riding unrestrained, was ejected onto the highway. She died as a result of massive head injuries.

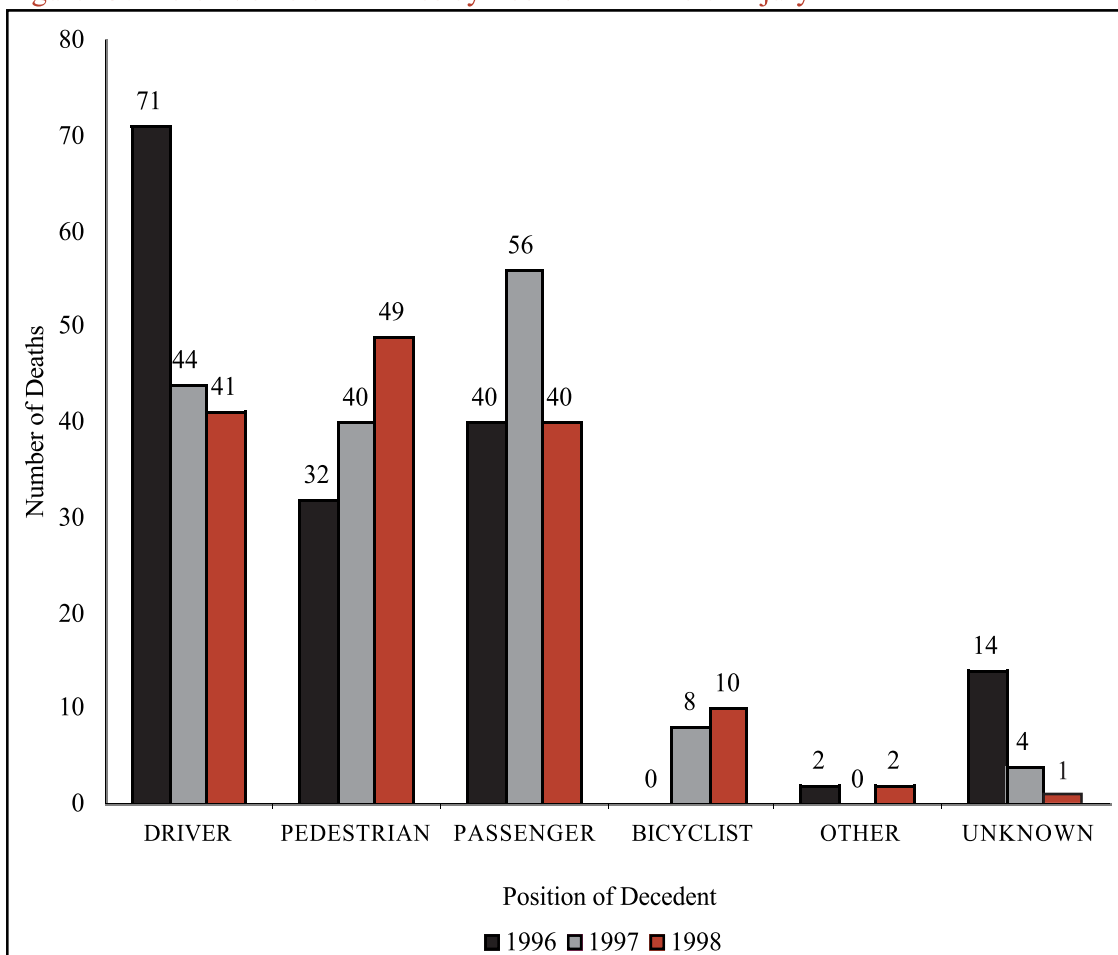
*~Riding unrestrained is the greatest risk factor for death and injury among child occupants of motor vehicles.*

*~Misuse of child safety seats is widespread. It is estimated that throughout the United States, as many as 80% of children who are placed in child safety seats are improperly restrained.*

*~The back seat is the safest place for children to ride.*

In 1998, 34% (49) of children killed in motor vehicle accidents were pedestrians, compared to 26% in 1997 (40) and 20% in 1996 (32). However, the number of passenger fatalities dropped from 56 (37%) in 1997 to 40 (28 %) in 1998 (Figure 19).

Figure 19. Motor Vehicle Fatalities by Position at Time of Injury



## Motor Vehicle Fatalities (continued)

From 1996 to 1998, the number of motor vehicle fatalities remained relatively low between the months of January through May. August was the peak month for 1996 (26) and 1998 (21). June, however, was the peak month in 1997 (23) (Figures 20A and 20B).

Figure 20A. Motor Vehicle Fatalities by Month of Death

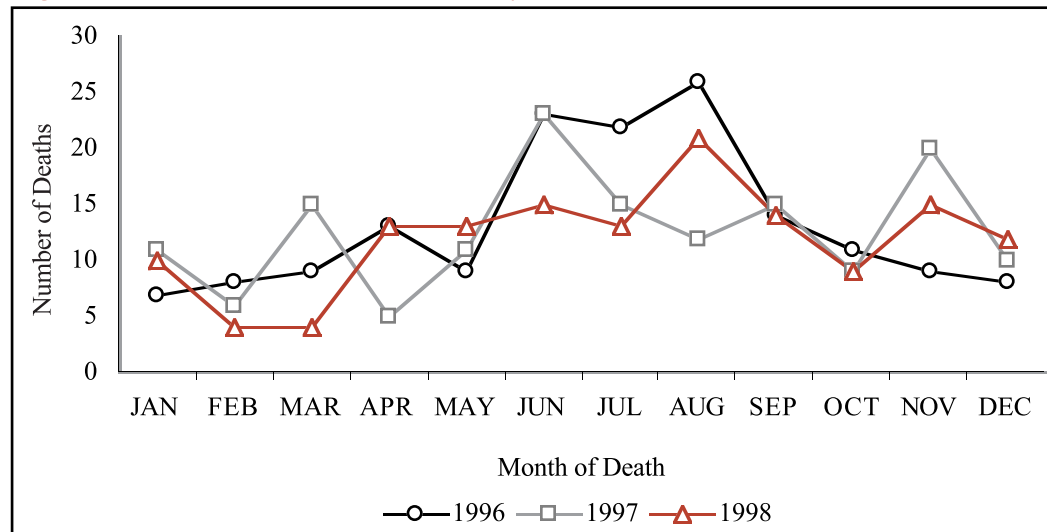


Figure 20B. Motor Vehicle Fatalities by Month of Death

	1996	1997	1998
JAN	7	11	10
FEB	8	6	4
MAR	9	15	4
APR	13	5	13
MAY	9	11	13
JUN	23	23	15
JUL	22	15	13
AUG	26	12	21
SEP	14	15	14
OCT	11	9	9
NOV	9	20	15
DEC	8	10	12



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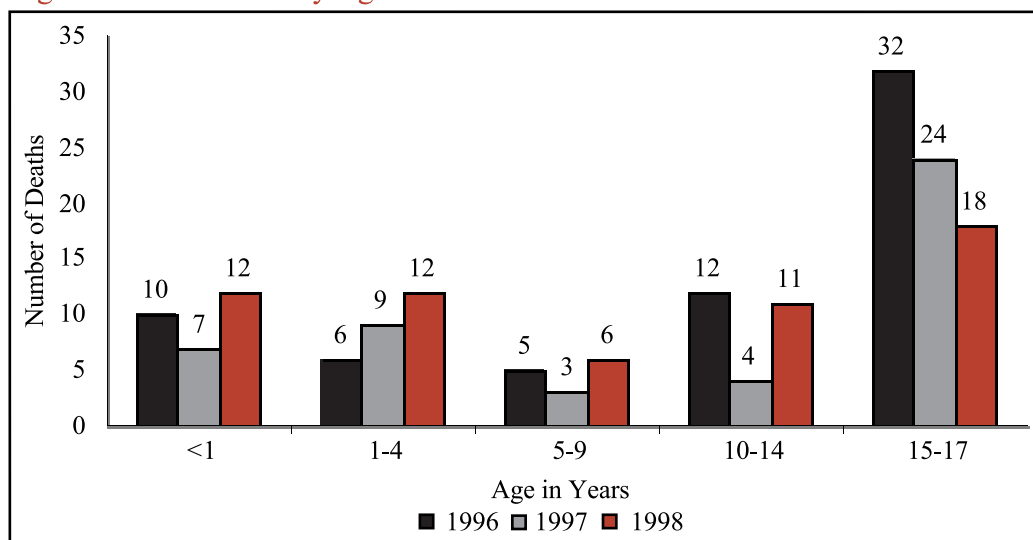
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## Homicides

Homicide was the cause of 59 deaths in 1998, representing 17.8%, of injury-related deaths.

During the period of 1996 through 1998, the majority of homicide fatalities involved children aged 15 to 17 years. The number of fatalities in that age group ranged from 32 in 1996 to 18 in 1998 (Figure 21).

Figure 21. Homicides by Age



The number of homicides involving female children increased from 12 (26%) in 1997 to 19 (32%) in 1998. Between 1996 and 1998 the majority of homicides occurred among black males (Figure 22).

Figure 22. Homicides by Sex and Race

SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	26	12	19	WHITE	25	21	22
MALE	39	35	40	BLACK	38	26	37
	65	47	59	OTHER	2	0	0
					65	47	59

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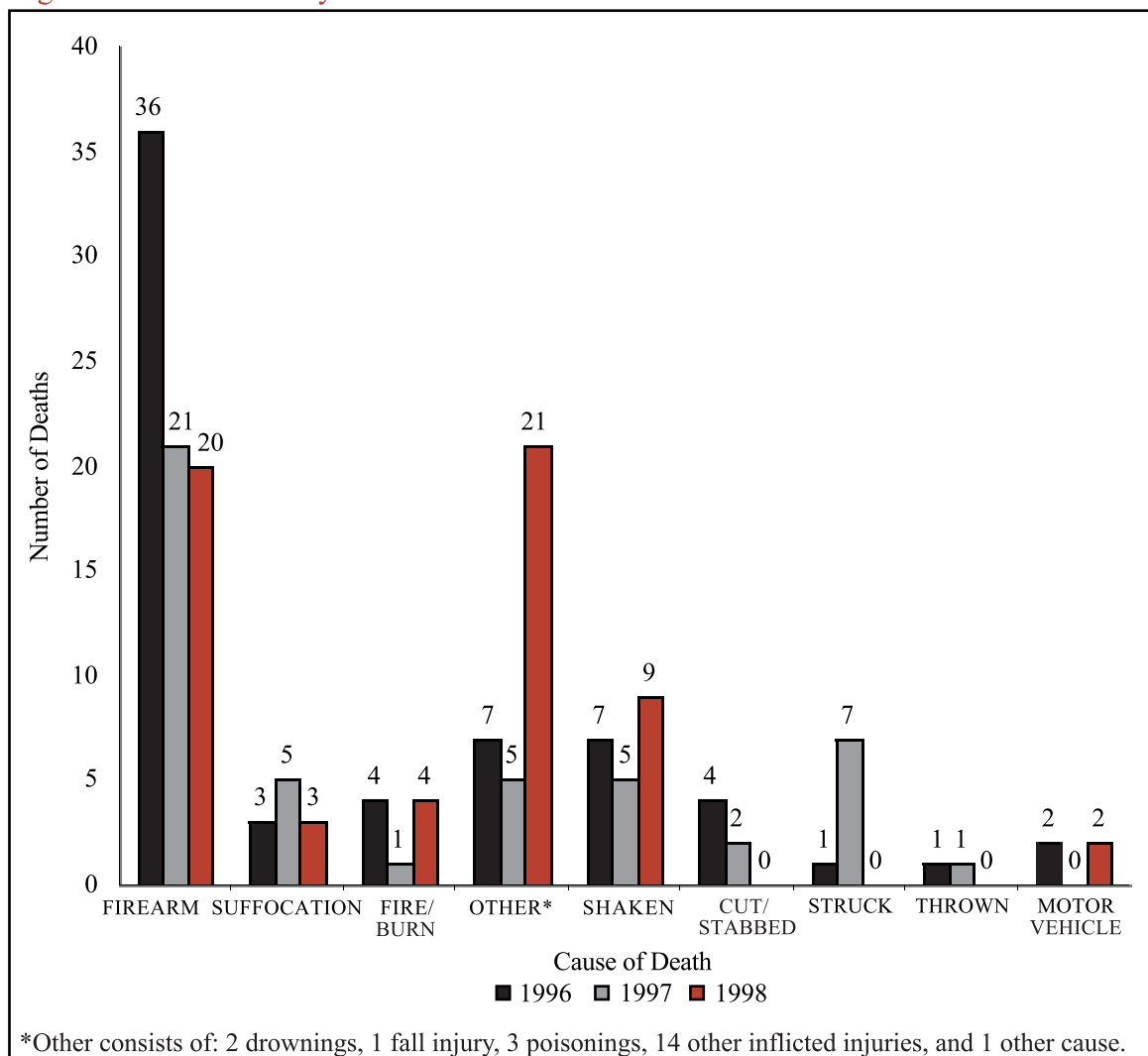
## Homicides (continued)

A 7-month-old child was rushed to a local hospital after being found unconscious by a family member. Although there were no external injuries, he was found to have suffered trauma to the abdomen. There were multiple old injuries in various stages of healing. The father was charged with felony child abuse.

*~Every year at least 2,000 children in the United States die at the hands of their parents and caretakers.*

The number of homicides resulting from firearms continued to make up the majority of homicide fatalities in 1998 (20) (34%), however, it was lower than in 1996 (36) (55%) and in 1997 (21) (45%). The increase during 1998 in homicides classified as “other” was primarily due to an increase in the number of “other inflicted injuries” (14) (Figure 23).

Figure 23. Homicides by Cause



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## Homicides (continued)

The number of homicide fatalities peaked at 8 in February and August of 1998. The peak in 1996 also occurred in the month of August with 10 fatalities, however, there were only 2 homicide fatalities in August of 1997 (Figures 24A and 24B).

Figure 24A. Homicide Deaths by Month of Death

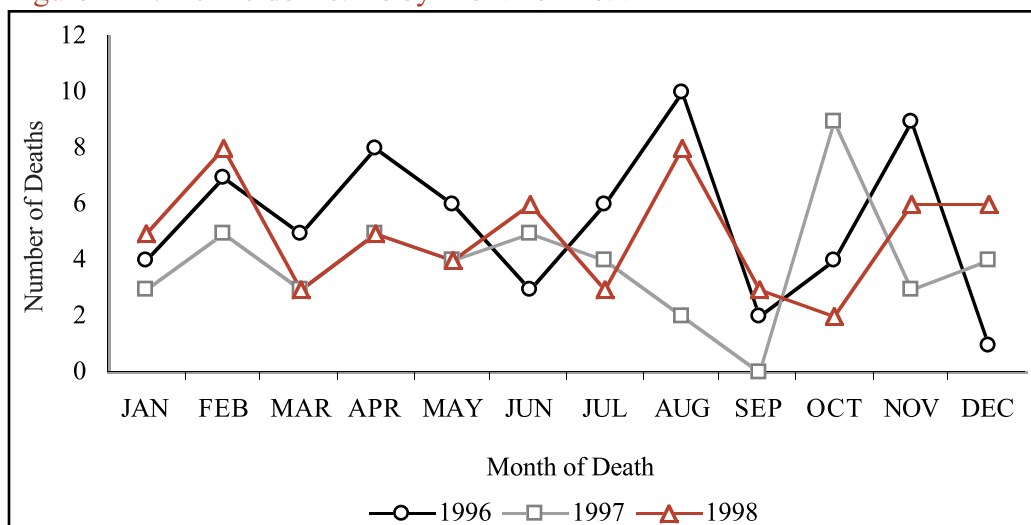


Figure 24B. Homicide Deaths by Month of Death

	1996	1997	1998
JAN	4	3	5
FEB	7	5	8
MAR	5	3	3
APR	8	5	5
MAY	6	4	4
JUN	3	5	6
JUL	6	4	3
AUG	10	2	8
SEP	2	0	3
OCT	4	9	2
NOV	9	3	6
DEC	1	4	6

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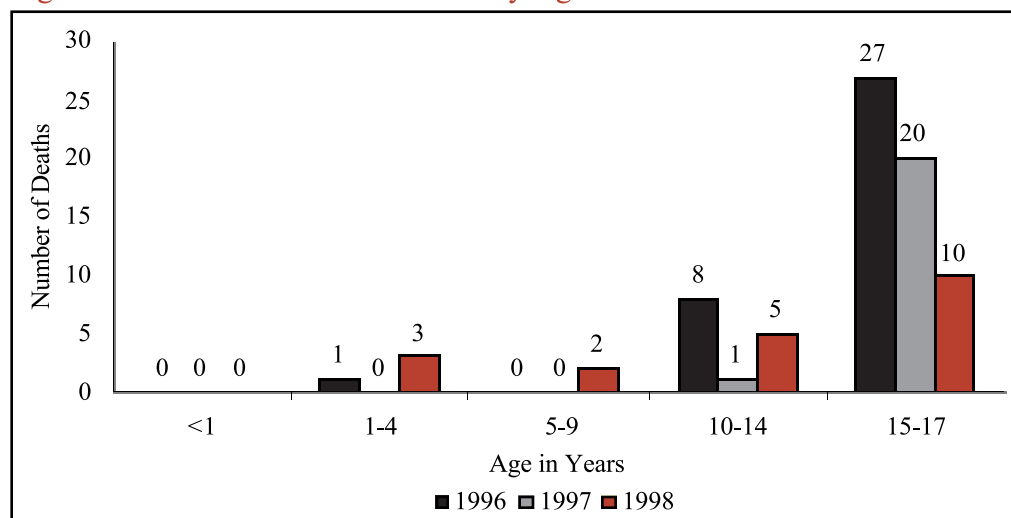
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## Homicides: Firearm Fatalities

Of the 59 child homicides in 1998, homicide firearm injuries resulted in 20 deaths representing 33.9% of all homicide-related deaths.

As shown in Figure 25, homicide firearm deaths of children older than 14 years of age decreased by 50% from 1997 (20) (95%) to 1998 (10) (50%).

Figure 25. Homicide Firearm Deaths by Age



As shown in Figure 26, the majority of homicide firearm deaths during 1996, 1997, and 1998 involved black males.

Figure 26. Homicide Firearm Deaths by Sex and Race

SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	11	2	3	WHITE	9	6	2
MALE	25	19	17	BLACK	25	15	18
	36	21	20	OTHER	2	0	0
					36	21	20

## Homicides: Firearm Fatalities (continued)

In 1998, 90% of homicide firearm deaths were committed with a handgun (Figure 27).

Figure 27. 1998 Homicide Firearm Deaths by Firearm Type

Firearm Type	Number of Deaths
HANDGUN	18
RIFLE	2
	<u>20</u>

The number of homicide firearm deaths peaked at 4 in August of 1998. August was also the peak month in 1996 when 7 homicide firearm deaths were reported. In 1997 the number of deaths peaked at 4 in the months of June, July, and October (Figures 28A and 28B).

Figure 28A. Homicide Firearm Deaths by Month of Death

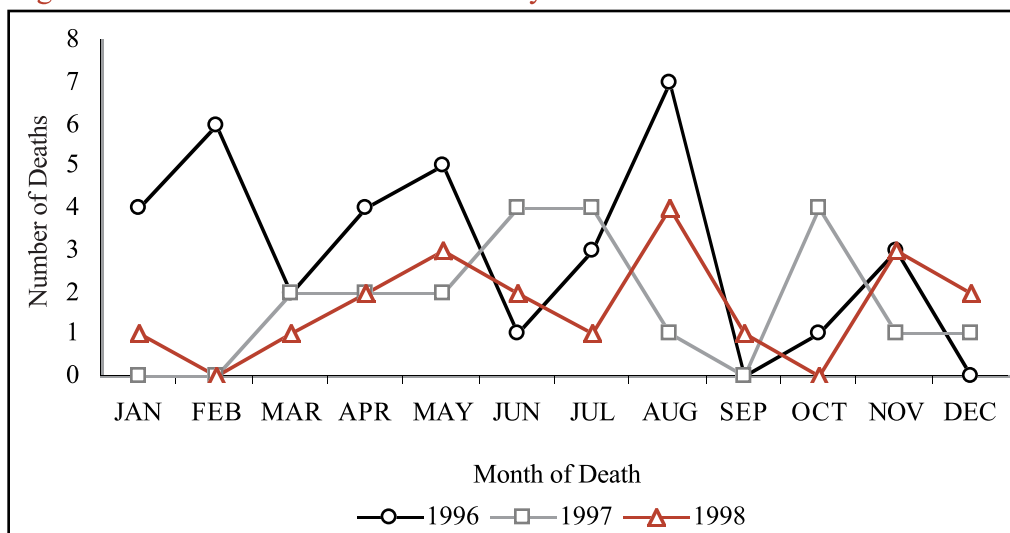


Figure 28B. Homicide Firearm Deaths by Month of Death

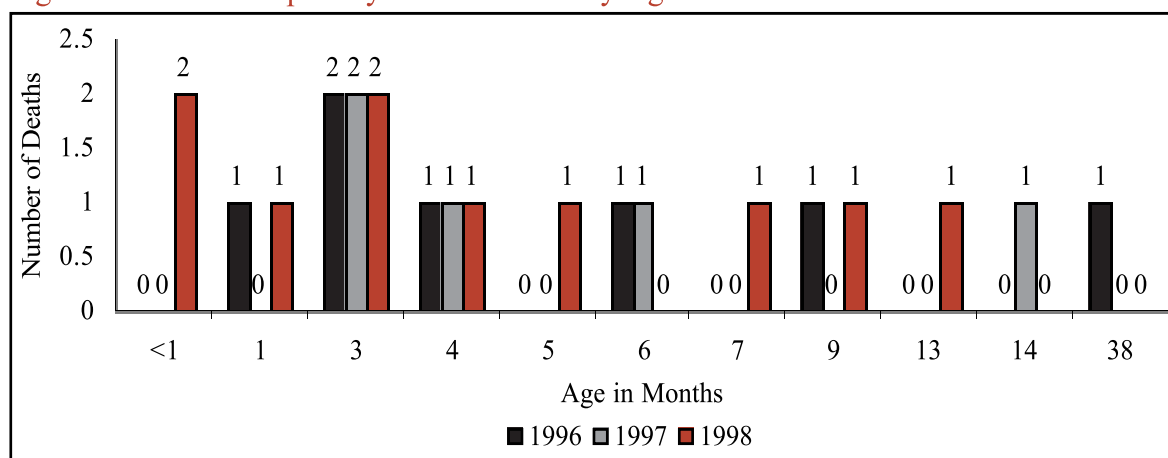
	1996	1997	1998
JAN	4	0	1
FEB	6	0	0
MAR	2	2	1
APR	4	2	2
MAY	5	2	3
JUN	1	4	2
JUL	3	4	1
AUG	7	1	4
SEP	0	0	1
OCT	1	4	0
NOV	3	1	3
DEC	0	1	2

## Homicides: Shaken/Impact Syndrome Fatalities\*

Of the 59 child homicides in 1998, Shaken/Impact Syndrome was the cause of 10\*\* deaths of children less than 4 years old.

As shown in Figure 29, over 50% of Shaken/Impact Syndrome deaths were children less than 6 months of age in 1996 (4), 1997 (3), and 1998 (7).

Figure 29. Shaken/Impact Syndrome Deaths by Age



The majority of the victims of Shaken/Impact Syndrome were males from 1996 to 1998. Shaken/Impact Syndrome deaths were evenly distributed between white and black children in 1996 and 1997. In 1998 however, the number among white children rose (Figure 30).

Figure 30. Shaken/Impact Syndrome Deaths by Sex and Race

SEX	1996	1997	1998
FEMALE	1	1	3
MALE	6	4	7
	7	5	10

RACE	1996	1997	1998
WHITE	3	3	7
BLACK	4	2	3
	7	5	10

\*Based on program experience there may be a significant number of cases that are under-reported or unrecognized. Moreover, there are also a large number of permanent disabilities directly related to Shaken/Impact Syndrome (i.e., speech, hearing, and vision impairments).

\*\*Out of a total of 10 shaken deaths in 1998, 1 death was not declared a homicide.

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## Homicides: Shaken/Impact Syndrome Fatalities (continued)

A 6-month-old child was fatally shaken and beaten by his natural father because of inconsolable crying. The infant died of massive brain injuries. The perpetrator had killed another child in 1995.

*~Deliberate shaking of an infant or young child is usually the result of frustration or anger. This most often occurs when the baby won't stop crying.*

*~Parents and caretakers must be educated on the dangers of shaking an infant.*

Inconsolable crying was the cause that triggered perpetrators to shake the victims in 6 of the 10 cases during 1998 (Figure 31).

Figure 31. 1998 Shaken/Impact Syndrome Deaths by Cause

Cause	Number of Deaths
CRYING	6
UNKNOWN	4*
	<hr/> 10
7 panels responded and found that 2 victims had a history of abuse/neglect.	
*includes 1 death that was not declared a homicide.	

In 60% of the cases of Shaken/Impact Syndrome during 1998, the perpetrator was also the victim's father (Figure 32).

Figure 32. 1998 Perpetrators of Shaken/Impact Syndrome Deaths

Perpetrator	Number of Deaths
FATHER	6
MOTHER'S PARAMOUR	1
FATHER'S PARAMOUR	0
CHILDCARE WORKER	1
UNKNOWN	2*
	<hr/> 10
*Includes 1 death that was not declared a homicide.	

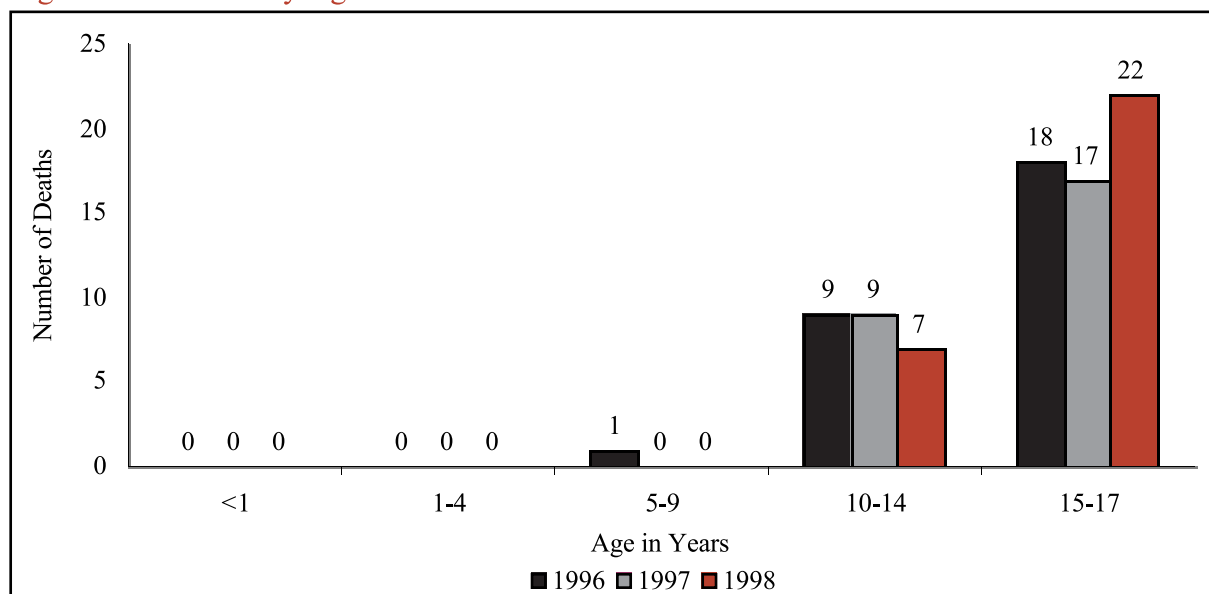
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## Suicides

Suicide was the cause of 29 deaths in 1998,  
representing 8.7% of injury-related deaths.

As shown in Figure 33, the majority of suicides occurred in the 15 to 17 year old group in 1996 (18) (64%), 1997 (17) (65%), and 1998 (22) (76%).

Figure 33. Suicides by Age



During the period of 1996 to 1998, the majority of suicides involved white, male children. The number of female children committing suicide increased from 6 in 1997 to 12 in 1998. The disparity between white and black children continued during 1996 through 1998 (Figure 34).

Figure 34. Suicides by Sex and Race

SEX	1996	1997	1998
FEMALE	7	6	12
MALE	21	20	17
	28	26	29

RACE	1996	1997	1998
WHITE	25	23	27
BLACK	1	3	2
OTHER	2	0	0
	28	26	29



## Suicides (continued)

A 15-year-old girl with a history of depression shot herself in the mouth with a rifle. She left a note indicating that she blamed herself for the death of a pet.

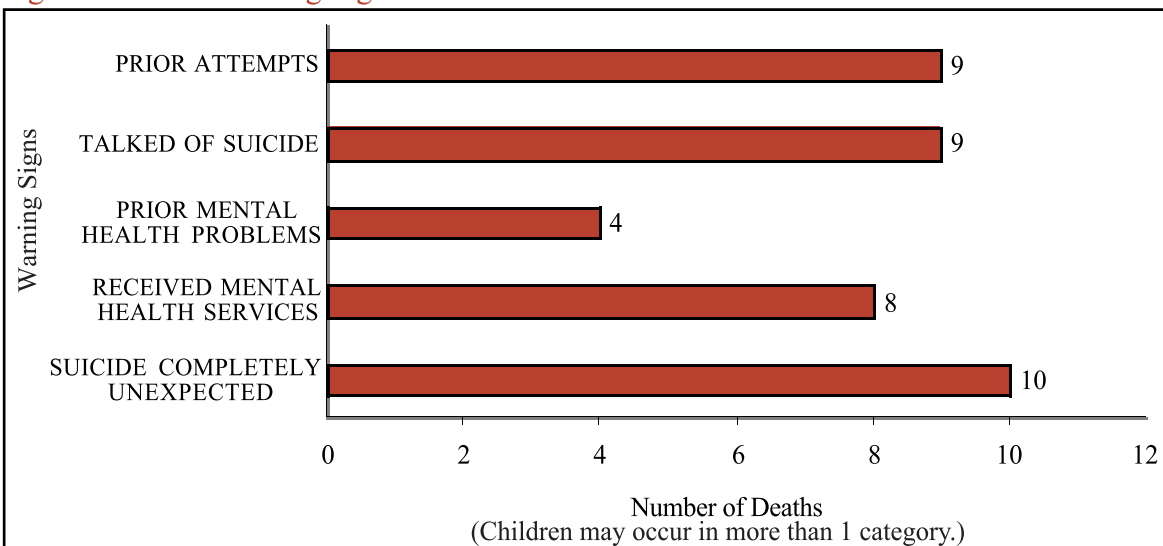
*~Suicide is a complex problem. The risk factors for suicide frequently coincide with each other.*

*~A review of the research indicates that almost all people who kill themselves have a diagnosable mental disorder, and the majority has more than one disorder. This includes depression or other mood disorders and impulse control disorders.*

*~The access to a lethal method, particularly firearms, increases the likelihood of a completed suicide.*

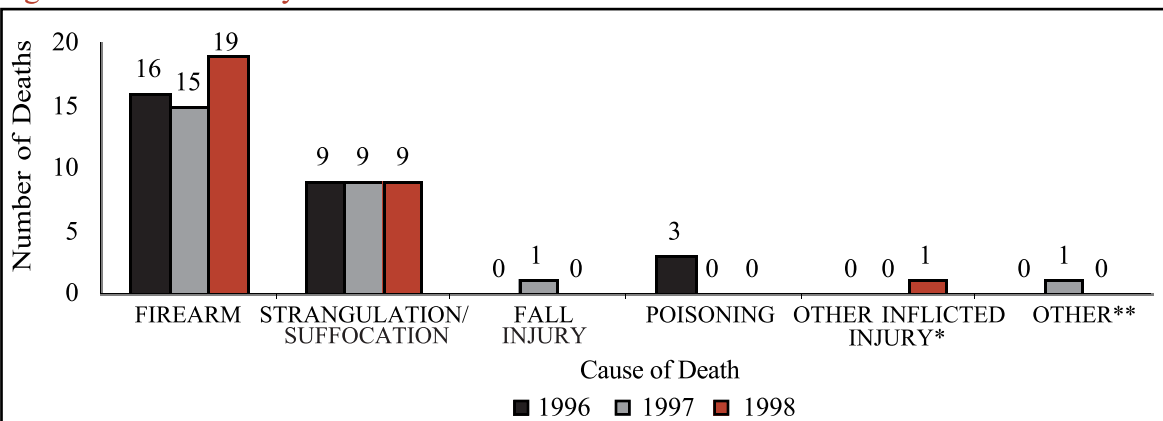
Eighteen of the 29 (62%) suicide victims in 1998 made prior attempts or talked of committing suicide (Figure 35).

Figure 35. 1998 Warning Signs of Suicide



Firearm and strangulation/suffocation injuries were the most common mechanisms of suicide from 1996 to 1998 (Figure 36).

Figure 36. Suicides by Mechanism



\*The victim died due to being hit by a train.

\*\*The victim died from a medical condition caused by suicide attempt several years prior to 1997.

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## Suicides (continued)

Suicide deaths peaked at 5 in January of 1998. Prior to 1998, October had been the peak month for suicide deaths with 4 occurring in 1996 and 1997 (Figures 37A and 37B).

Figure 37A. Suicide Deaths by Month of Death

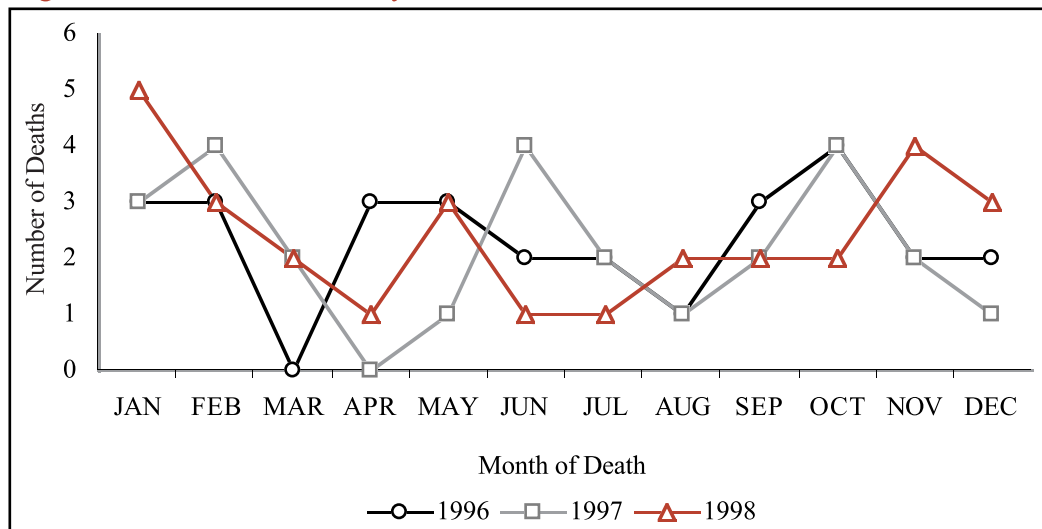


Figure 37B. Suicide Deaths by Month of Death

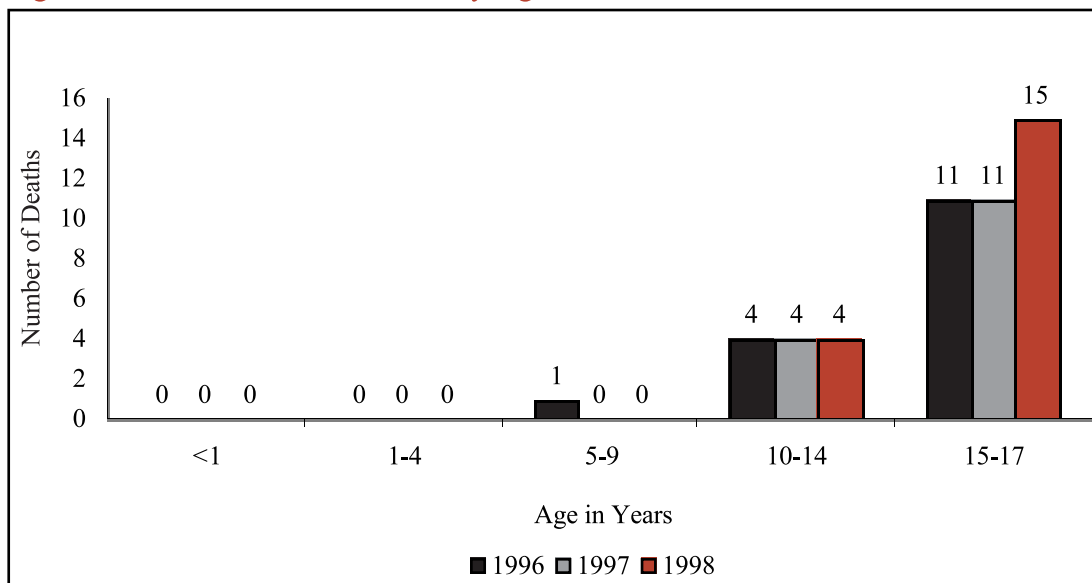
	1996	1997	1998
JAN	3	3	5
FEB	3	4	3
MAR	0	2	2
APR	3	0	1
MAY	3	1	3
JUN	2	4	1
JUL	2	2	1
AUG	1	1	2
SEP	3	2	2
OCT	4	4	2
NOV	2	2	4
DEC	2	1	3

## Suicides: Firearm Fatalities

Of the 29 child suicides in 1998, 19 resulted from firearm injuries, representing 66% of all suicide-related deaths.

As shown in Figure 38, the age distribution of suicide firearm deaths remained constant from 1996 to 1998 with the majority occurring in children over 14 years old.

Figure 38. Suicide Firearm Deaths by Age



White, male children made up the majority of firearm-related suicides from 1996 to 1998 (Figure 39).

Figure 39. Suicide Firearm Deaths by Sex and Race

SEX	1996	1997	1998
FEMALE	2	2	6*
MALE	14	13	13
	16	15	19

RACE	1996	1997	1998
WHITE	14	12	17
BLACK	1	3	2
OTHER	1	0	0
	16	15	19

\*Every female death was due to a mortal head injury.

Handguns (13) (68%) were the most frequently used firearms in suicide deaths in 1998 (Figure 40).

Figure 40. 1998 Suicide Firearm Deaths by Firearm Type

Firearm Type	Number of Deaths
HANDGUN	13
RIFLE	3
SHOTGUN	3
	19

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## Suicides: Firearm Fatalities (continued)

The number of suicide firearm deaths remained relatively constant throughout 1996, 1997, and 1998 with minor fluctuations in each year (Figures 41A and 41B).

Figure 41A. Suicide Firearm Deaths by Month of Death

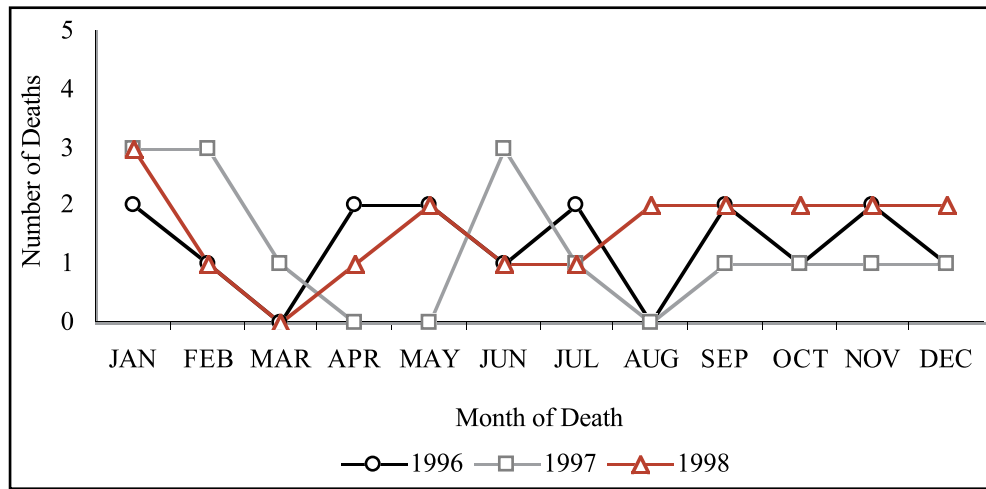


Figure 41B. Suicide Firearm Deaths by Month of Death

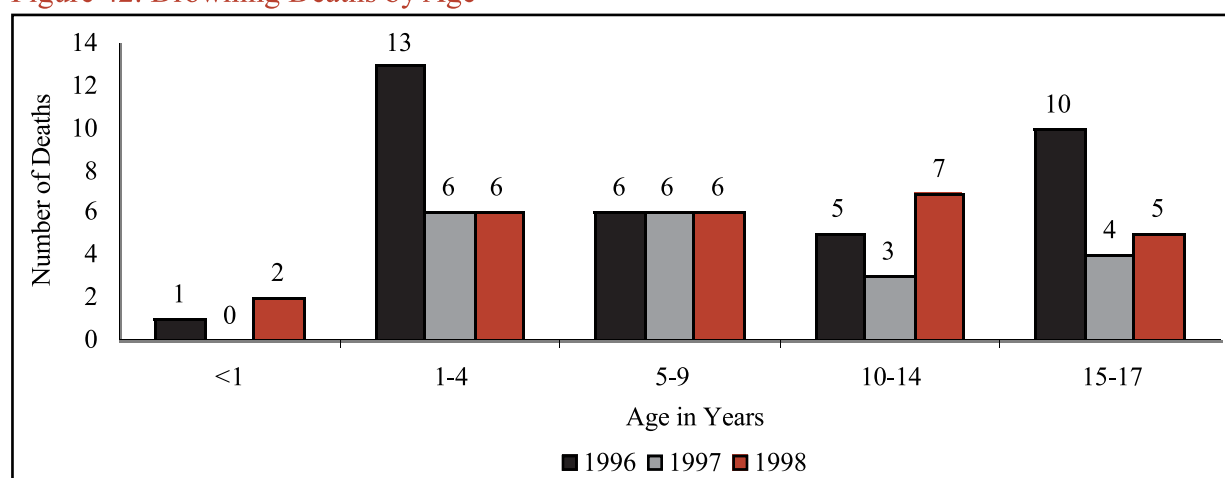
	1996	1997	1998
JAN	2	3	3
FEB	1	3	1
MAR	0	1	0
APR	2	0	1
MAY	2	0	2
JUN	1	3	1
JUL	2	1	1
AUG	0	0	2
SEP	2	1	2
OCT	1	1	2
NOV	2	1	2
DEC	1	1	2

## Drownings\*

Drowning was the cause of 26 deaths in 1998,  
representing 7.8% of injury-related deaths.

Of the 26 victims in 1998, 22 wore no floatation device and 10 were unattended when they entered the water. There was an increase in drowning deaths from 1997 (19) to 1998 (26). As shown in Figure 42, drowning deaths in the 10 to 14 age group increased by 133% from 1997 (3) (16%) to 1998 (7) (27%).

Figure 42. Drowning Deaths by Age



The majority of drowning victims were white from 1996 to 1998. In 1998 the number of female victims almost equalled the number of male victims, marking an increase in the number of drowning deaths amongst the female population (Figure 43).

Figure 43. Drowning Deaths by Sex and Race

SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	11	4	12	WHITE	27	11	19
MALE	24	15	14	BLACK	8	7	6
	35	19	26	OTHER	0	1	1
					35	19	26

\*There were a total of 32 drowning deaths in 1998, 2 deaths were not reviewed by a panel so they were not included in the final count, 2 were classified as homicides and 2 were classified as motor vehicle fatalities and were not included in the number of reported drowning deaths.

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## Drownings (continued)

A 10-month-old toddler drowned in a 5-gallon bucket with 15 inches of water. Her mother and aunt had been mopping the floor and had left the bucket of water in the hallway overnight. The child, left unsupervised for a few minutes, toppled headfirst into the bucket.

*~Children ages 4 and under have the highest drowning death rate.*

*~The Consumer Product Safety Commission has developed voluntary guidelines, which include education and labeling, to address the hazard of children drowning in 5-gallon buckets.*

A 16-month-old apparently found a kitchen door unlocked and wandered into the family's residential swimming pool unobserved. The child was later found at the bottom of the pool.

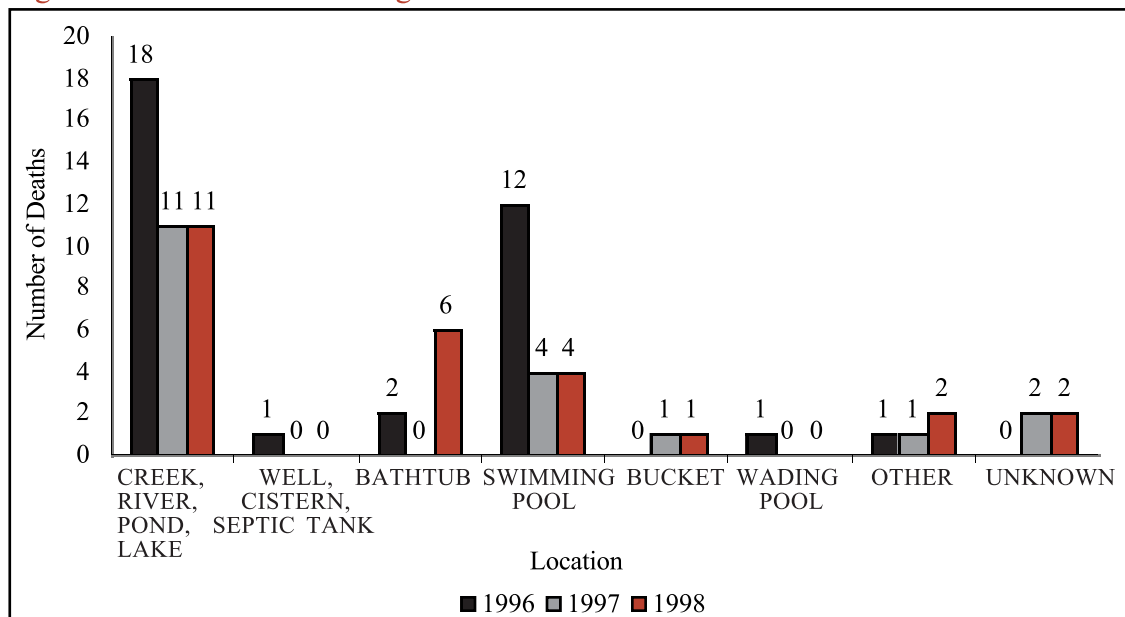
*~Drownings in young children under the age of 5 typically occur in swimming pools and bathtubs.*

*~Supervision of young children is critical.*

*~The National Safe Kids Campaign suggests that adequate pool fencing, including self-latching gates, could prevent 50-90% of childhood residential pool drownings and near-drownings.*

Drownings in natural bodies of water as well as drownings in swimming pools, remained the same from 1997 to 1998. Drownings in bathtubs increased from 0 in 1997 to 6 (23%) in 1998 (Figure 44).

Figure 44. Location of Drownings



## Drownings (continued)

The peak number of drowning deaths (5) occurred in the months of August and September of 1998. In comparison the peak number of deaths for 1996 (9) and 1997 (8) occurred in June (Figures 45A and 45B).

Figure 45A. Drowning Deaths by Month of Death

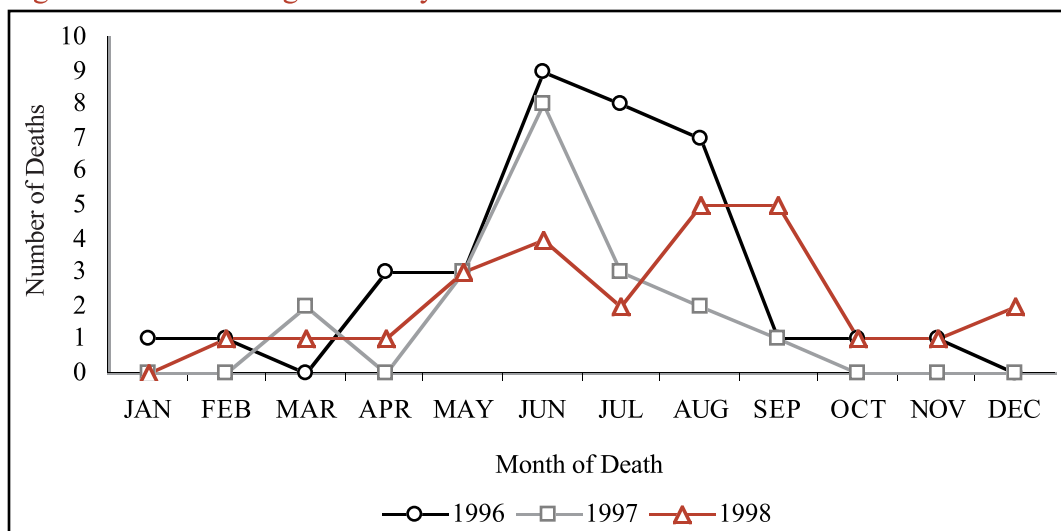


Figure 45B. Drowning Deaths by Month of Death

	1996	1997	1998
JAN	1	0	0
FEB	1	0	1
MAR	0	2	1
APR	3	0	1
MAY	3	3	3
JUN	9	8	4
JUL	8	3	2
AUG	7	2	5
SEP	1	1	5
OCT	1	0	1
NOV	1	0	1
DEC	0	0	2

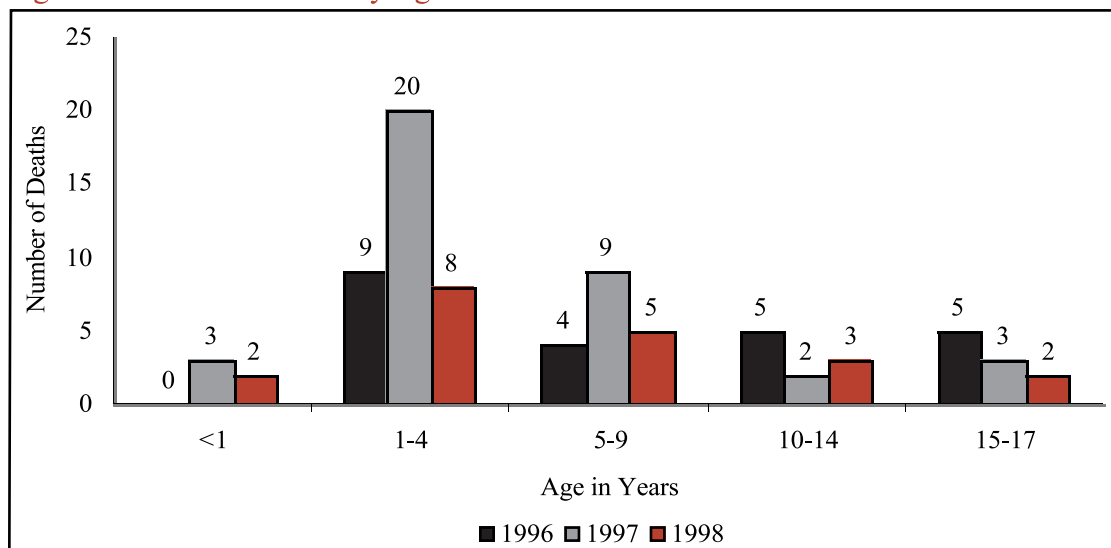
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## Fire/Burn Fatalities\*

Fire/Burn injuries were the cause of 20 deaths in 1998, representing 6.0% of injury-related deaths.

As shown in Figure 46, fire/burn deaths of children in the 1 to 4 year old age group went down from 20 (54%) in 1997 to 8 (40%) in 1998, marking a 60% decrease in that age group.

Figure 46. Fire/Burn Deaths by Age



The number of female and male fire/burn victims decreased from 1997 to 1998. The number of white and black victims also decreased from 1997 to 1998 (Figure 47).

Figure 47. Fire/Burn Deaths by Sex and Race

SEX	1996	1997	1998
FEMALE	11	17	9
MALE	12	20	11
	23	37	20

RACE	1996	1997	1998
WHITE	22	20	12
BLACK	1	13	8
OTHER	0	4	0
	23	37	20

\*There were a total of 24 fire/burn deaths in 1998, 4 were classified as homicides and were not included in the final count of reported fire/burn deaths.



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## Fire/Burn Fatalities (continued)

A 2-year-old child died of smoke inhalation when her 4-year-old brother started a fire while playing with a lighter. The house filled with dense smoke within minutes. There were no working smoke detectors in the house.

*~Fire is one of the leading causes of death in children under the age of 5.*

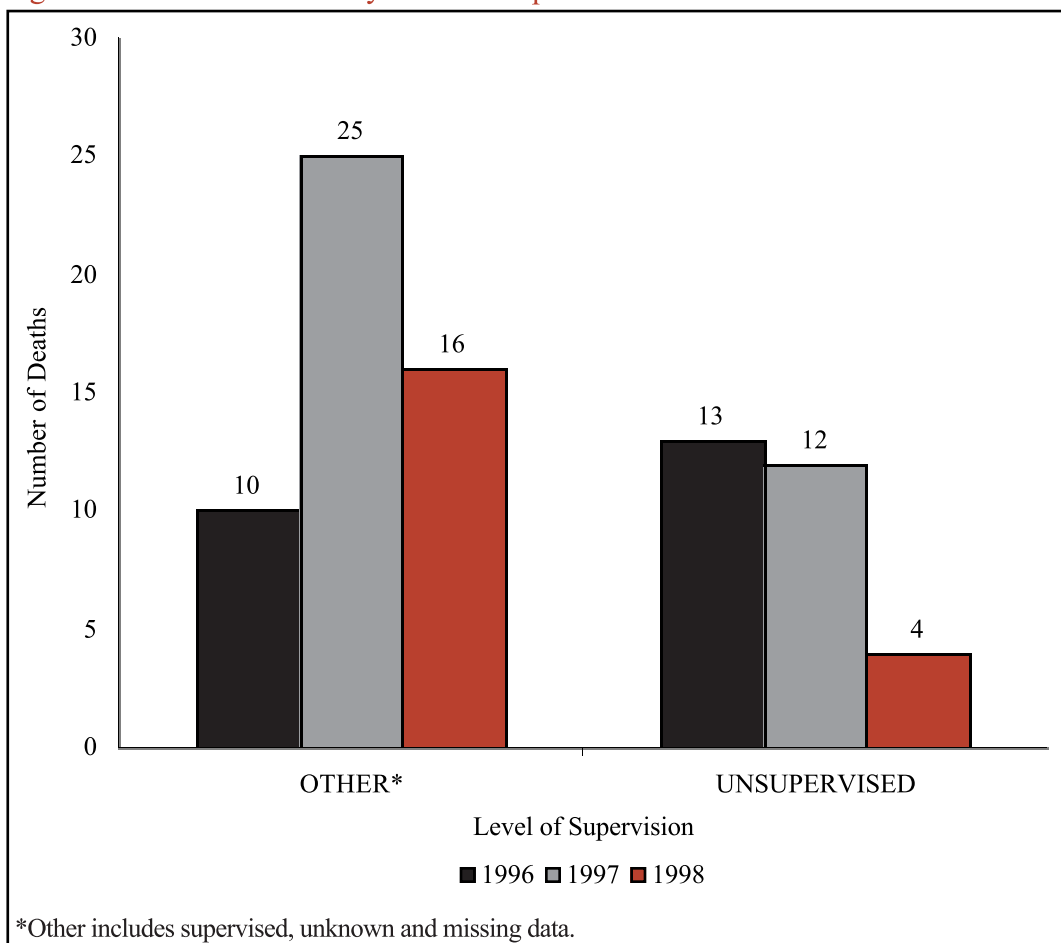
*~More than half of children ages 5 and under who die in home fires are asleep at the time.*

*Another one-third of these children are too young to react appropriately.*

*~Children in homes without smoke alarms are at greater risk of fire-related death and injury.*

The number of known unsupervised fire/burn victims decreased from 12 in 1997 (32%) to 4 in 1998 (20%) (Figure 48).

Figure 48. Fire/Burn Deaths by Level of Supervision



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## Fire/Burn Fatalities (continued)

The number of monthly fire/burn fatalities remained relatively constant in 1998, peaking in June, November, and December, with 3 deaths. In 1996 the peak number of deaths occurred in November with 6, and in 1997 the peak number of deaths occurred in December with 9 (Figures 49A and 49B).

Figure 49A. Fire/Burn Fatalities by Month of Death

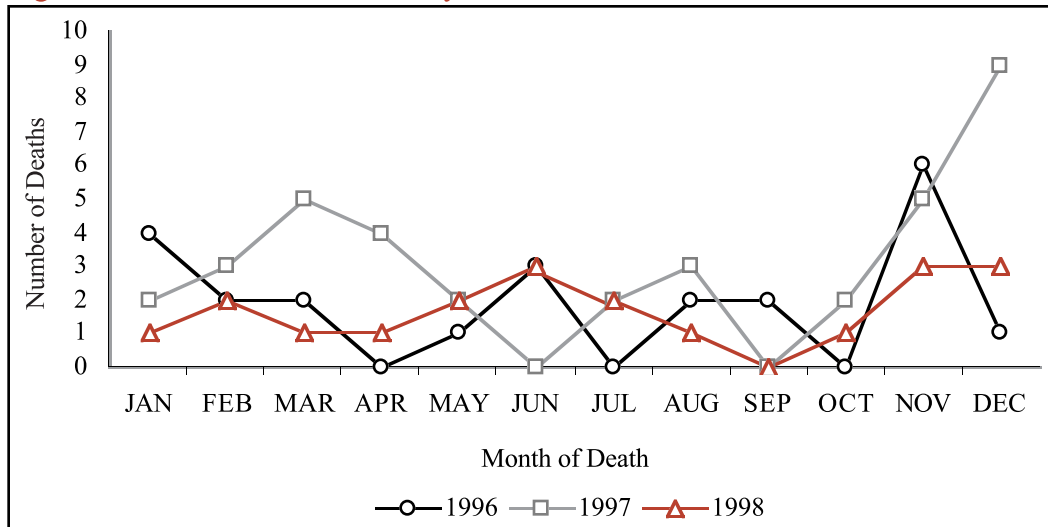


Figure 49B. Fire/Burn Fatalities by Month of Death

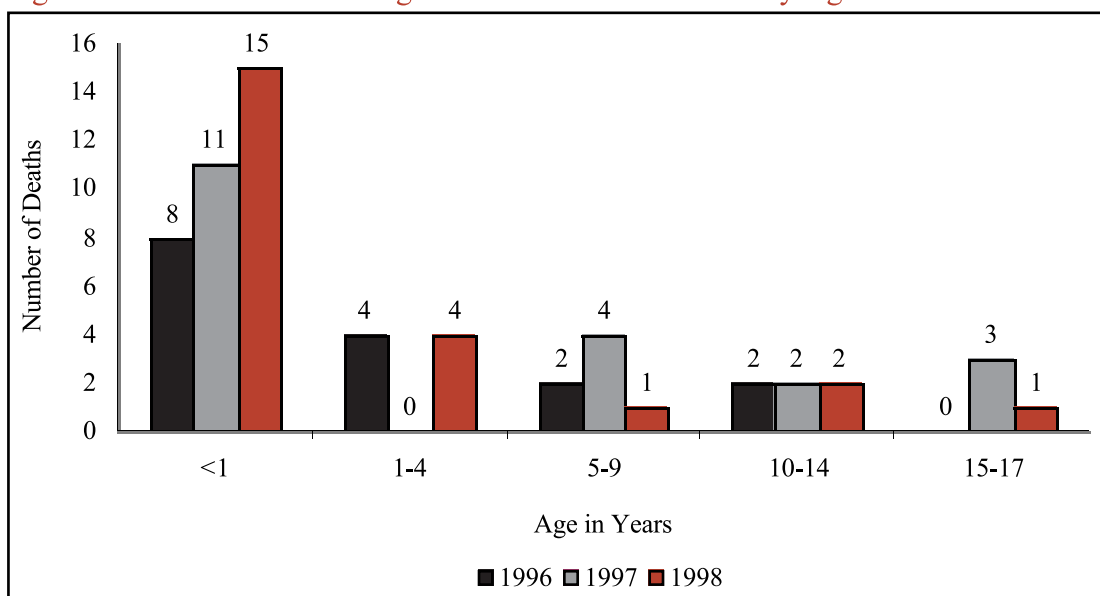
	1996	1997	1998
JAN	4	2	1
FEB	2	3	2
MAR	2	5	1
APR	0	4	1
MAY	1	2	2
JUN	3	0	3
JUL	0	2	2
AUG	2	3	1
SEP	2	0	0
OCT	0	2	1
NOV	6	5	3
DEC	1	9	3

## Unintentional Strangulation/Suffocation Deaths\*

Unintentional Strangulation/Suffocation was the cause  
of 23 deaths in 1998, representing 6.9% of injury-related deaths.

As shown in Figure 50, at least 50% of unintentional strangulation/suffocation deaths involved children less than 1 year of age in 1996 (8), 1997 (11), and 1998 (15).

Figure 50. Unintentional Strangulation/Suffocation Deaths by Age



Female children that died by unintentional strangulation/suffocation increased from 3 in 1997 (15%) to 11 in 1998 (48%). The majority of unintentional strangulation/suffocation deaths involved white children in 1996 (12) (75%), 1997 (18) (90%), and 1998 (16) (70%) (Figure 51).

Figure 51. Unintentional Strangulation/Suffocation Deaths by Sex and Race

SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	7	3	11	WHITE	12	18	16
MALE	9	17	12	BLACK	4	2	7
	16	20	23		16	20	23

\*Unintentional deaths only. Eleven additional strangulation/suffocation deaths were recorded--3 homicides and 8 suicides.

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## Unintentional Strangulation/Suffocation Deaths (continued)

A 5-month-old was found facedown on the seat cushions of a sofa. His mother had left him asleep in a car seat on a sofa while she put a 2-year-old sibling to bed. The mother fell asleep with the 2-year-old and awoke to find the baby on the seat cushions, unresponsive. The infant died of suffocation.

A 9-month-old was sleeping with his father in an adult bed. The father awoke to find the baby was behind him, facedown against his leg. The infant died of asphyxiation due to lack of oxygen.

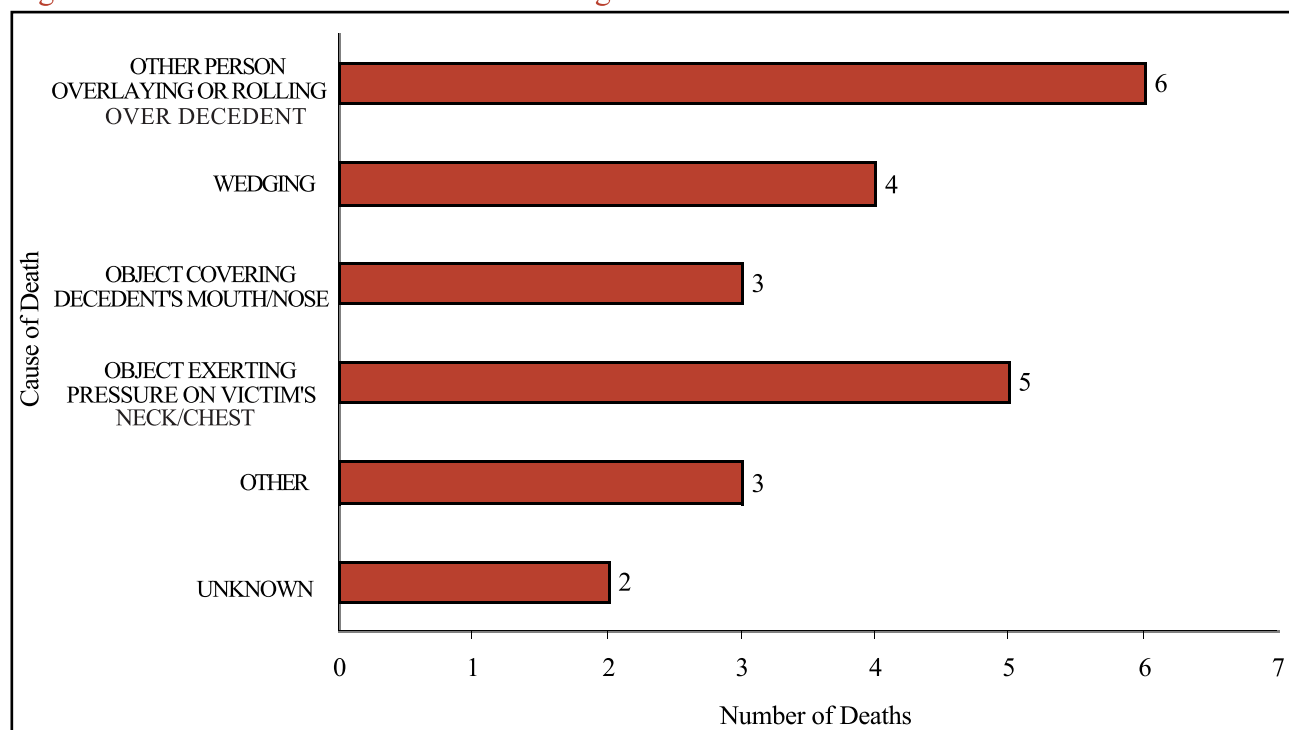
*~Infants can suffocate when their faces become wedged against or buried in a mattress, pillow, or cushion.*

*~Infants should be placed on their backs on a firm, flat crib mattress in a crib that meets national safety standards.*

*~Pillows, comforters, toys, and other soft products should be removed from the crib.*

The unintentional strangulation/suffocation deaths were evenly distributed across the 5 major causes. However, the majority of unintentional strangulation/suffocation deaths were caused by either another person overlaying or rolling over the victim (6) (26%) or an object exerting pressure on the victim's neck or chest (5) (22%) (Figure 52).

Figure 52. 1998 Cause of Unintentional Strangulation/Suffocation Deaths



## Unintentional Strangulation/Suffocation Deaths (continued)

The number of unintentional strangulation/suffocation deaths fluctuated throughout 1998, peaking at 4 in the month of December. In 1996 the peak month was October (5) and in 1997 the peak month was January (4) (Figures 53A and 53B).

Figure 53A. Unintentional Strangulation/Suffocation Deaths by Month of Death

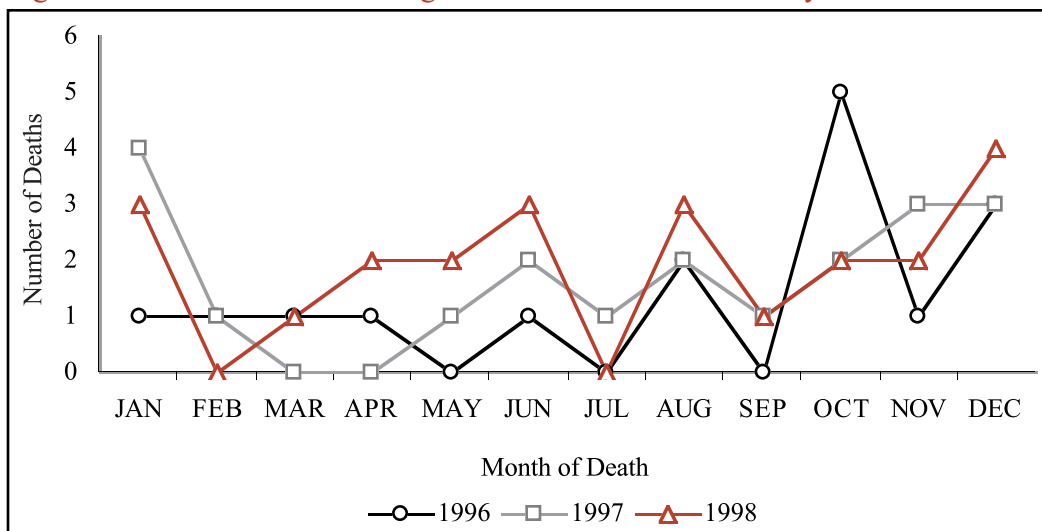


Figure 53B. Unintentional Strangulation/Suffocation Deaths by Month of Death

	1996	1997	1998
JAN	1	4	3
FEB	1	1	0
MAR	1	0	1
APR	1	0	2
MAY	0	1	2
JUN	1	2	3
JUL	0	1	0
AUG	2	2	3
SEP	0	1	1
OCT	5	2	2
NOV	1	3	2
DEC	3	3	4

## Unintentional Firearm Fatalities\*

Unintentional firearm injuries were the cause of 4 deaths in 1998, representing 1.2% of injury-related deaths.

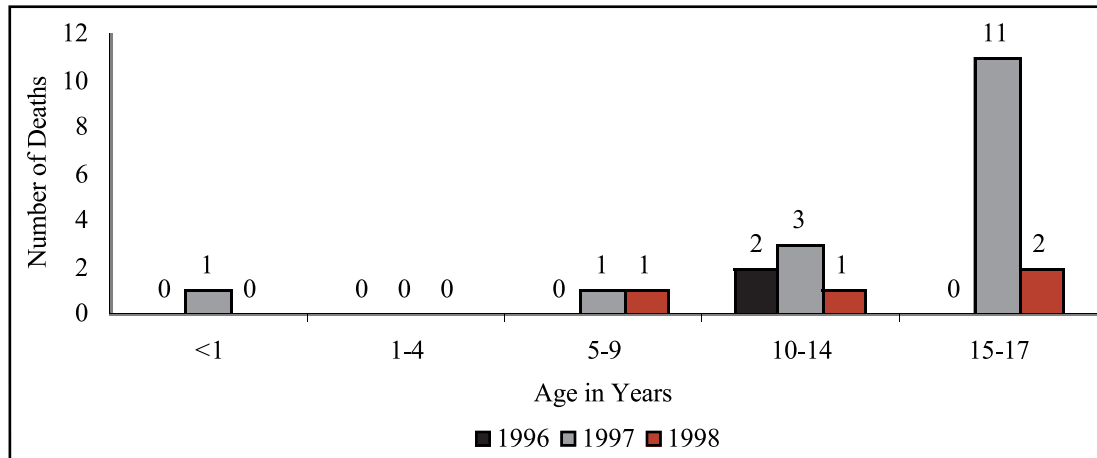
A 17-year-old was visiting a friend's apartment. He handed a gun to the friend and said "shoot me," apparently in jest. Believing the gun to be unloaded, she pointed the gun at him and fired. He died of a gunshot wound to the chest.

*~Nearly all unintentional firearm deaths occur in or around the home. National data indicates that 50% of all unintentional firearm deaths occur in the home of the victim and nearly 40% occur in the home of a friend or relative.*

*~It is estimated that two safety devices, gun locks and load indicators, could prevent more than 30% of all unintentional firearm deaths.*

The number of unintentional firearm fatalities in the 15 to 17 year old age group dropped dramatically by 82% from 1997 (11) (69%) to 1998 (2) (50%) (Figure 54).

Figure 54. Unintentional Firearm Fatalities by Age



Unintentional firearm fatalities involved all males from 1996 through 1998. White children were involved in all of the fatalities in 1996 and the majority of fatalities in 1997 and 1998 (Figure 55).

Figure 55. Unintentional Firearm Fatalities by Sex and Race

SEX	1996	1997	1998	RACE	1996	1997	1998
FEMALE	0	0	0	WHITE	2	10	3
MALE	2	16	4	BLACK	0	6	1
	2	16	4		2	16	4

\*Unintentional deaths only. Thirty-nine additional firearm deaths were recorded--20 homicides and 19 suicides.

## Unintentional Firearm Fatalities (continued)

As shown in Figure 56, handguns were the firearm type involved in 75% (3) of the unintentional firearm fatalities in 1998.

Figure 56. 1998 Unintentional Firearm Fatalities by Firearm Type

Firearm Type	Number of Deaths
HANDGUN	3
RIFLE	0
SHOTGUN	1
	4

The number of unintentional firearm fatalities remained low throughout 1998 peaking at 1 during the months of June, July, August, and October. In 1997 however, the number of deaths peaked at 3 in the month of December (Figures 57A and 57B).

Figure 57A. Unintentional Firearm Fatalities by Month of Death

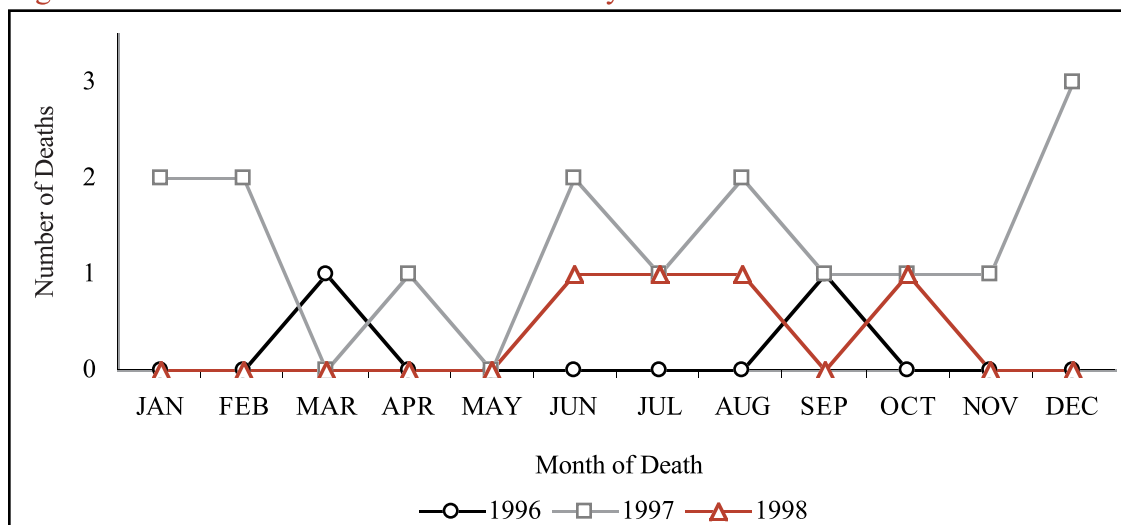


Figure 57B. Unintentional Firearm Fatalities by Month of Death

	1996	1997	1998
JAN	0	2	0
FEB	0	2	0
MAR	1	0	0
APR	0	1	0
MAY	0	0	0
JUN	0	2	1
JUL	0	1	1
AUG	0	2	1
SEP	1	1	0
OCT	0	1	1
NOV	0	1	0
DEC	0	3	0

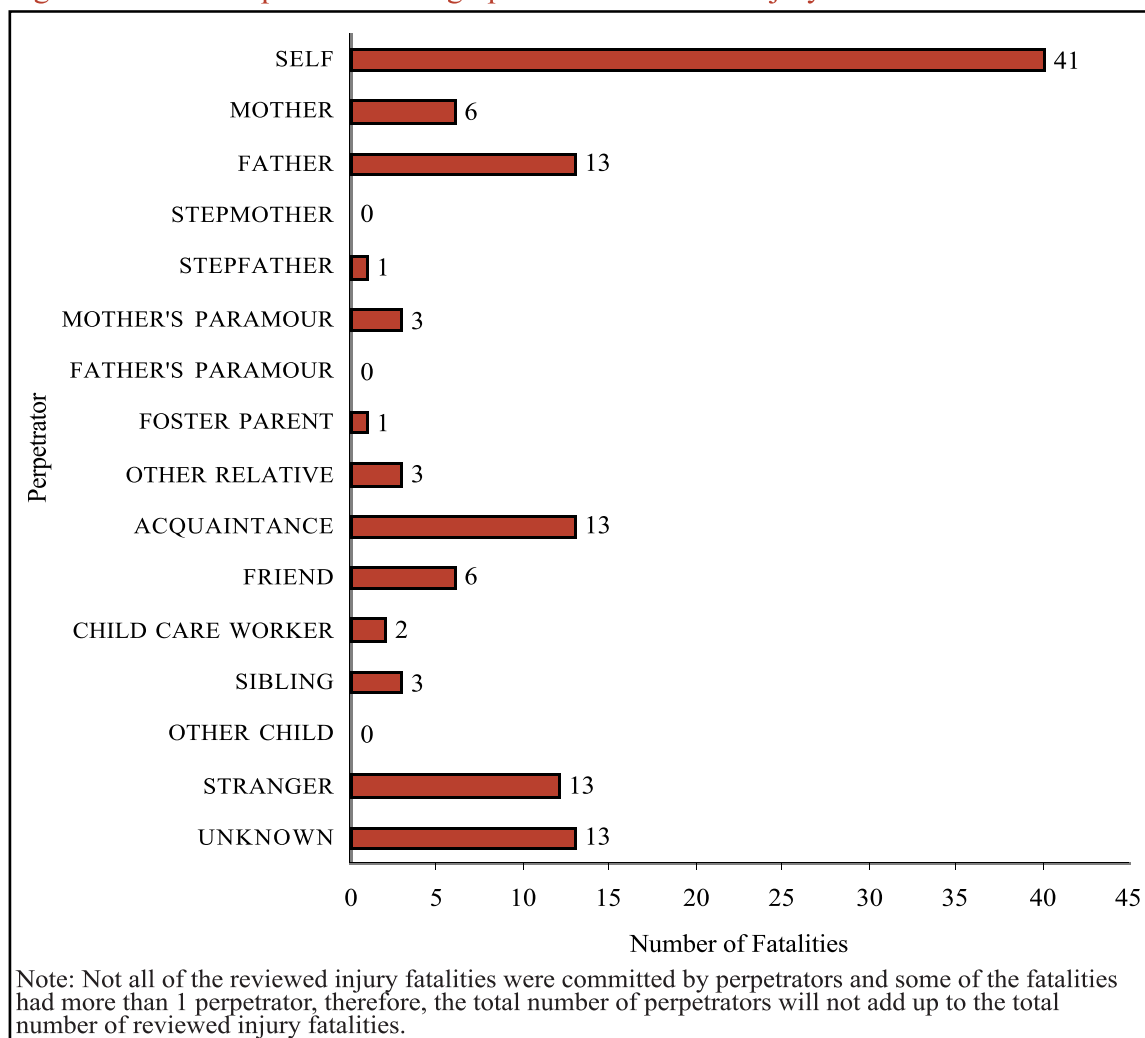
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## Reviewed Injury Fatalities

A reviewed fatality is defined as a fatality that has been reviewed by a local CFRP review panel and reported on a Data Form 2. During 1998, 268 injury fatalities were reviewed. Of those fatalities, 98 resulted from assault. Seventy-two of the fatalities were the result of intentionally inflicted injury. Sixteen of the fatalities were drug-related and 7 were gang-related fatalities. Twenty-three of the fatalities occurred during the commission of a crime.

In the majority of reviewed injury fatalities, the perpetrator was also the victim (41). Other prevalent perpetrator types included fathers, acquaintances, and strangers (Figure 58).

Figure 58. 1998 Perpetrator Demographics for Reviewed Injury Fatalities



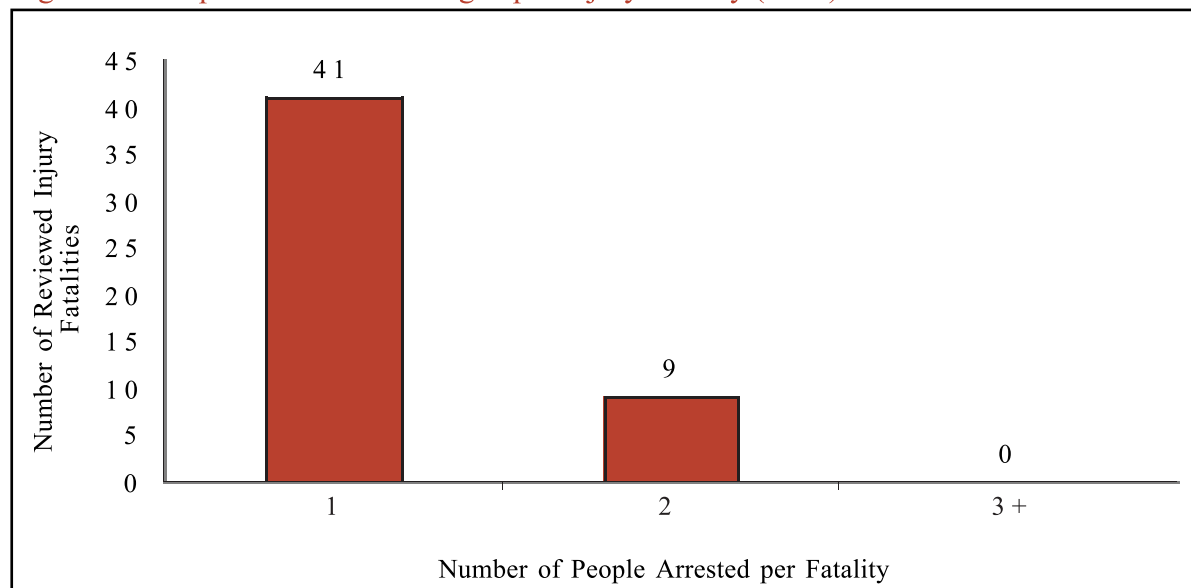


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## Reviewed Injury Fatalities (continued)

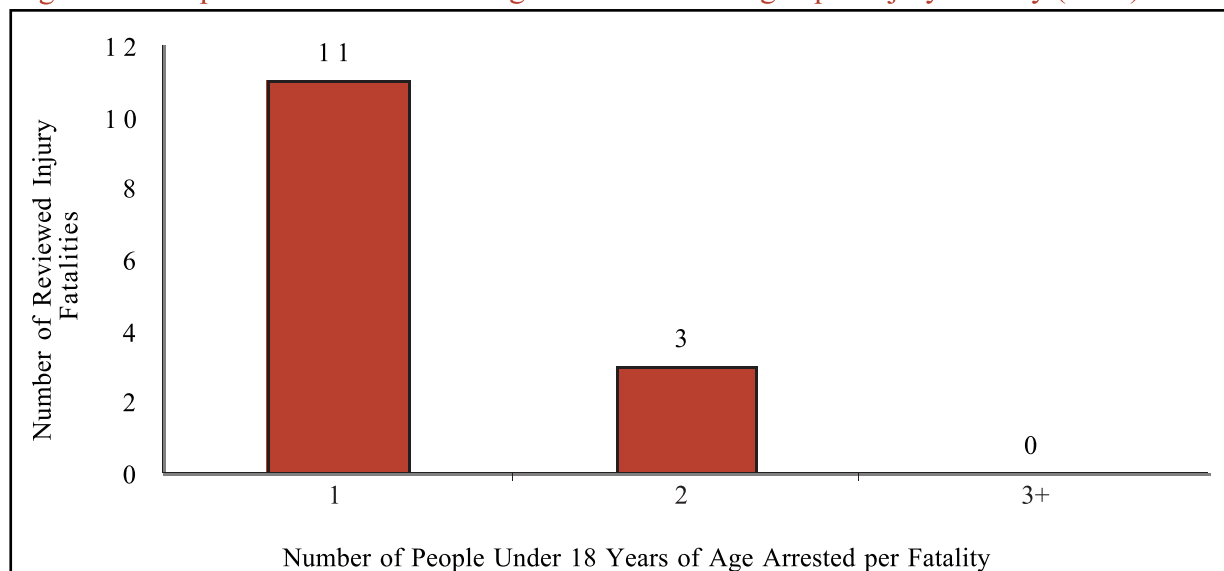
In 1998, perpetrators were charged with crimes or arrested in 52 of the injury fatality cases reviewed. Seventy-nine percent (41) of the fatalities had only one person arrested (Figure 59). Twenty-five of the 52 fatalities were committed by an individual who was responsible for the supervision of the victim at the time of the fatal injury.

Figure 59. People Arrested or Charged per Injury Fatality (1998)



Reviewed injury fatalities involved perpetrator(s) under 18 years of age 27% of the time (Figure 60).

Figure 60. People Under 18 Years of Age Arrested or Charged per Injury Fatality (1998)



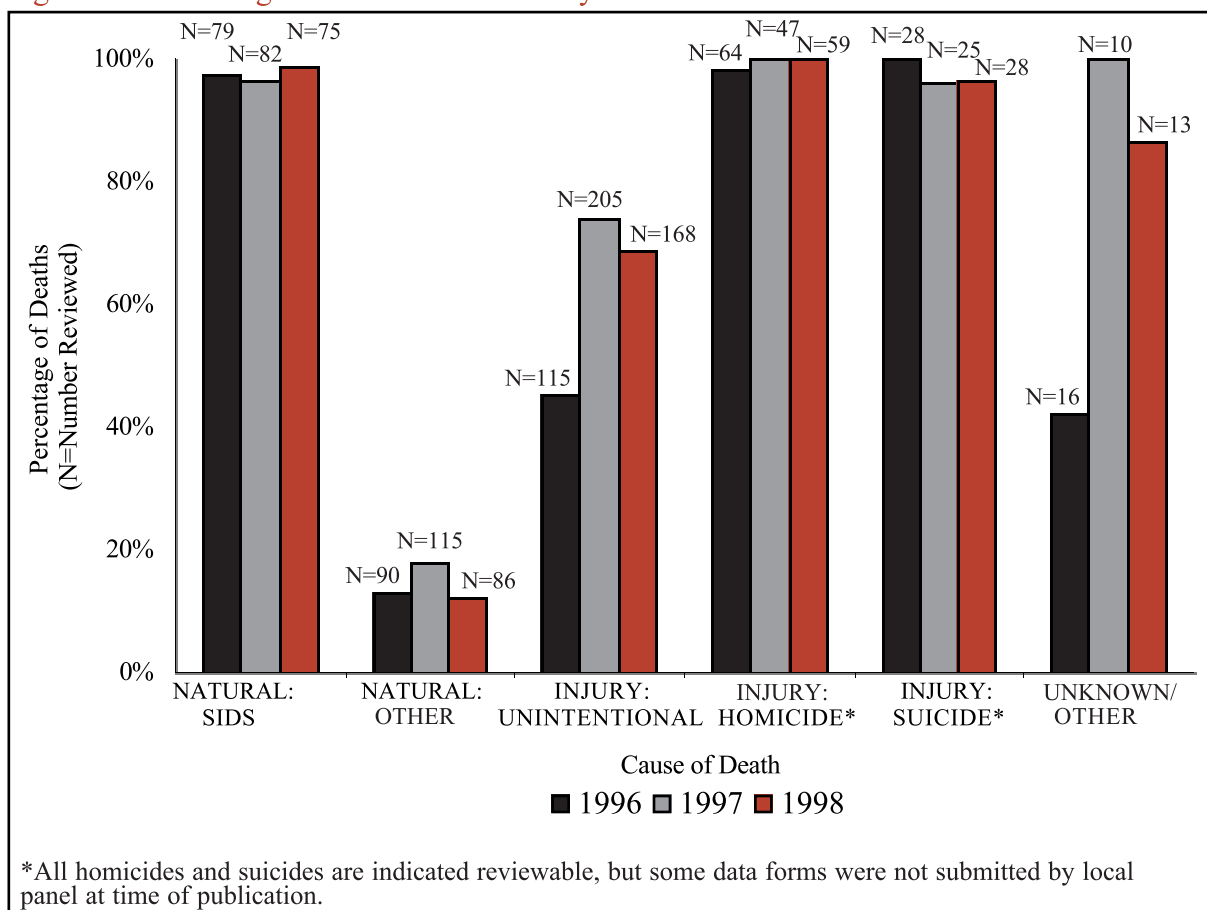
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## CFRP Panel Reviewed Cases

After the initial investigation of a death, the coroner/medical examiner and the county CFRP panel chairperson decide whether the case meets the criteria for further review by the CFRP panel. These criteria include situations where the cause of death is unclear or the possibility exists that child abuse/neglect was involved. See Appendix 7 for a complete listing of review criteria.

The percentage of deaths reviewed by CFRP panels varied with the cause of death. (It should be noted that the cause of death may not be determined at the time of review). As shown in Figure 61, the review rate for SIDS deaths remained relatively the same from 1996 to 1998, as opposed to the (non-SIDS) natural-cause deaths where the review rate decreased from 18% in 1997 to 12% in 1998. Among injury deaths, 100% of homicides were reviewed in 1997 and 1998.

Figure 61. Percentage of Deaths Reviewed by CFRP Panels



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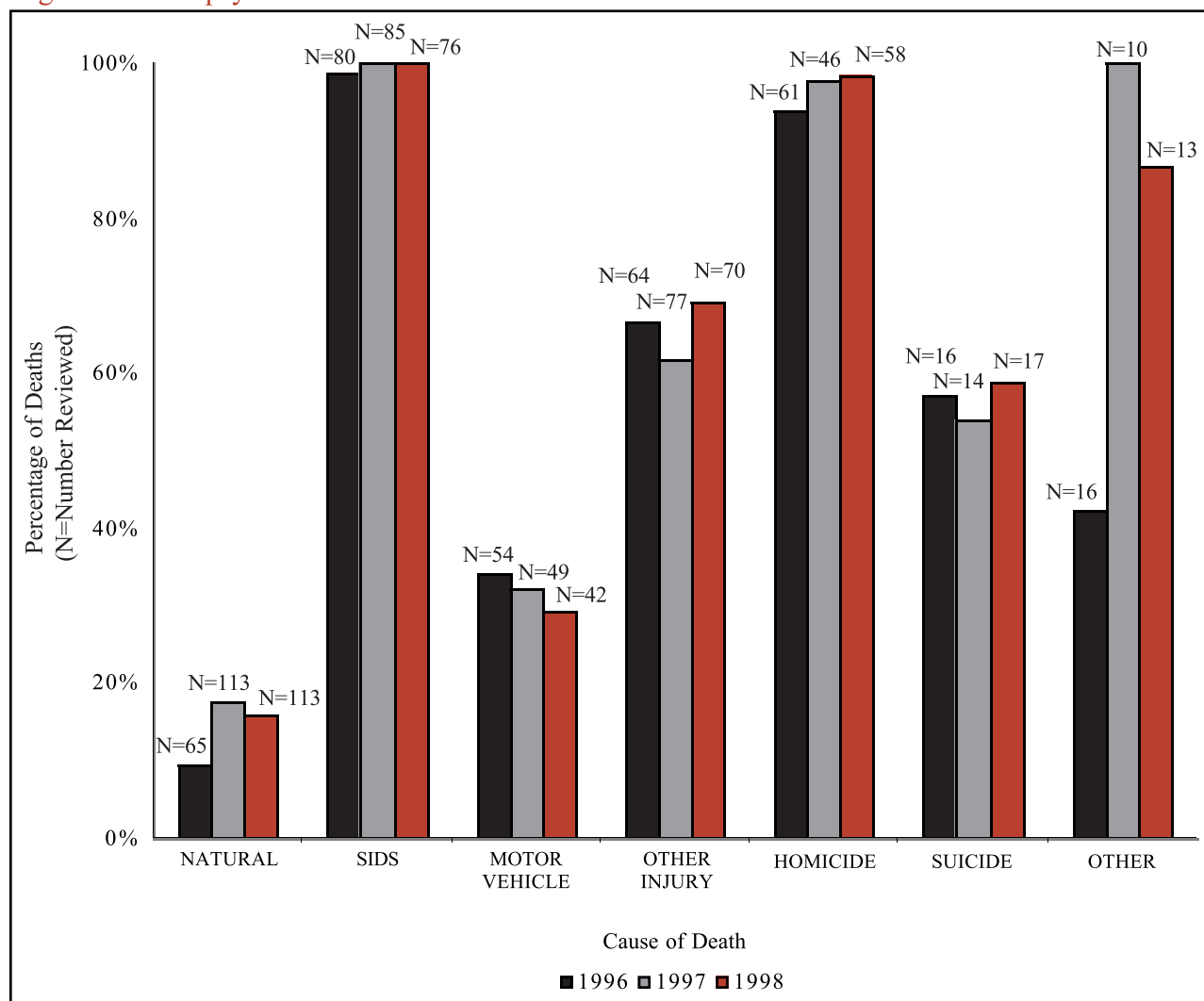
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## Autopsies

The autopsy is a critical component in accurately determining the cause of death, especially in the case of SIDS. The diagnosis of SIDS requires an autopsy in order to exclude other causes of death such as shaken/impact syndrome. RSMo 194.117 requires that an autopsy be performed for all children from 1 week to 1 year of age who die in a sudden, unexplained manner. The autopsy is performed at the expense of the state.

Autopsies were performed in 34% of all children's deaths in 1998 compared to 36% in 1997 and 31% in 1996. As shown in Figure 62, autopsies were performed in 16% of natural deaths in 1998, 17% in 1997, and 10% in 1996. Autopsies were performed in 100% of SIDS deaths in 1998 and 1997, and 99% in 1996; 29% of motor vehicle deaths in 1998, 32% in 1997, and 34% in 1996; 87% of other unintentional injury deaths in 1998, 62% in 1997, and 67% in 1996; 98% of homicides in 1998, 98% in 1997, and 94% in 1996; and 59% of suicides in 1998, 54% of suicides in 1997 and 57% in 1996.

Figure 62. Autopsy Rate for Child Fatalities



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## CHILD FATALITY REVIEW PROGRAM OVERVIEW

Due to the complexity of data from the Child Fatality Review Program, a brief introduction to the program and definitions of key variables and concepts is presented here. We hope this will facilitate requests for data and interpretation of data from the program's database.

### Program Overview

Concern about the possible under-reporting of Missouri child deaths related to abuse and neglect led in 1991 to passage of House Bill 185, which resulted in creation of the state Child Fatality Review Program (CFRP). The stated goals of the project were:

- Implement a multi-disciplinary approach to investigating child fatalities;
- Improve outcomes of investigations of child fatalities;
- Improve accuracy in reporting causes of child fatalities; and
- Guide prevention efforts of child injuries and fatalities.

The Department of Social Services and the State Technical Assistance Team (STAT) were given primary responsibility for implementing the legislation. STAT organized a state advisory panel and a child fatality review panel in each county and the City of St. Louis to review deaths of children from birth through age 17 years. Each child death is reviewed by the coroner or medical examiner and the county CFRP chairperson, and the findings of that review are reported on the Coroner/Medical Examiner Data Report (Form 1). Deaths resulting from *unexplained causes*, *non-motor vehicle injuries* or *suspected abuse or neglect* are of particular concern; these are referred to the full CFRP panel for review.

Each CFRP panel is multi-disciplinary, being composed of the coroner or medical examiner, public health nurse or physician, emergency medical personnel, prosecuting attorney, law enforcement officer, Division of Family Services representative, juvenile officer and, as appropriate, others such as educators or fire investigators. Panel members have been trained in skills relevant to investigating child deaths. Results of the review by the full panel are reported on the Child Fatality Review Panel Data Report (Form 2). In addition to conclusions about the cause of death, information about criminal proceedings and findings of child abuse or neglect by the Department of Social Services are reported on Data Form 2. These data forms are collected and analyzed by STAT.

### Missouri Incident Fatalities

"Missouri incident fatalities" refers only to those child deaths included in the CFRP program. Missouri incidence deaths, defined further below, are those deaths of children 0-17 years of age which occur within the state of Missouri, except that deaths resulting from injury or other causes which occur outside the state are excluded. Though by law all child deaths occurring in Missouri are reported, the Missouri-incident deaths are of primary interest, and the most complete data are collected on these cases.

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## **CFRP Database**

Beginning with 1992 childhood deaths, a child fatality surveillance data system maintained by STAT has been collecting, analyzing and reporting data on child fatalities. This system uses data from the Child Fatality Review Program (Data Form 1 and Data Form 2) as well as from death and birth certificate files, data on Medicaid eligibility and data on probable cause child abuse and neglect deaths from the Division of Family Services. Use of diverse sources produces more complete information on each childhood fatality.

Data Forms 1 and 2 were revised beginning in 1994. Several items were changed in format or in content to better capture the needed data. The forms were revised again in 1995 and 1996. Each revision was an effort to improve the data collection methods. As an example, the inclusion of Division of Family Services Child Abuse/Neglect Hotline history, household demographics, and caregiver demographics have greatly facilitated interaction of the panel with the local community, thus better identifying community prevention needs and remedies in the early stages of the event. Copies of the 1996 Form 1 and Form 2 are attached.

## **Causes of Death**

The mortality file supplied by the Department of Health and CFRP reports include data on cause of death, but from slightly different perspectives. Mortality file deaths are coded in terms of the ICD-9 (International Classification of Diseases 9th Revision) system, which requires interpretation of injury deaths in terms of whether the injury was intentional. The CFRP classification system attempts to provide additional information on the behaviors which contribute to child death and does not require judgments about intentionality.

The ICD-9 classification of cause of death is encouraged for most data collection, both because it is more widely known and used and because the CFRP system provides limited information on homicides and intentional injuries. CFRP data will be most useful when information about behaviors contributing to cause of death is needed and when the focus is on behaviors rather than on intent. When requesting data from the CFRP database, any data not identifying specific individuals may be released to individuals or organizations interested in child fatality-related issues.

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## **Appendix 1. Missouri Child Fatality Review Program Members**

### **Department of Social Services, State Technical Assistance Team**

Richard Easter, Unit Manager  
Rodney Jones, Senior Investigator  
Larry Wyrick, Investigator  
Dan Mesey, Investigator  
Stan Crofer, Investigator  
Tommy R. Capps, Investigator  
Marion (Mac) McMillan, Investigator  
Susan L. Stoltz, Investigator  
Linda Jensen Rapps, Technical Investigator  
Holly Otto, Investigator  
Jerry Holder, Urban Case Coordinator, Jackson County  
Debbie McDermott, Urban Case Coordinator, St. Louis City  
Suzanne McCune, Prevention Coordinator  
Theresa Murrell, Secretary  
Julie Ritter, Clerical

### **State Child Fatality Review Panel**

Gus Kolilis, Panel Chair and Police Chief of Missouri Capitol Police  
Roger Barr, Juvenile Officer, 42nd Judicial Circuit  
Susan Blue, Social Services Supervisor III, Area 4E Division of Family Services Office  
Dan Campbell, Marion County Sheriff  
Chief David Niebur, Joplin Police Department  
Eddie Wilson, Missouri Coroner/Medical Examiner's Association  
Dr. Jay Dix, Boone County Medical Examiner  
Dr. Debra Howenstein, Boone County Health Department  
Mary Greer, Prosecuting Attorney, Morgan County  
Robert Geigle, EMS Supervisor, St. Louis City EMS  
Gerry Redden, Founder and Executive Director, National Center for Violence Prevention

### **Child Fatality Review Program, Appointed Volunteer Regional Coordinators**

Catheryn Smith, Juvenile Officer, 3rd Circuit Court  
Cathie VanMatre, Chief Juvenile Officer, 12th Circuit Court  
Dorothy Adams, Dunklin County Division of Family Services, Department of Social Services  
Helen Shore, County Director, Newton County Division of Family Services, Department of Social Services

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## Appendix 2. Mandated Activities for Child Fatalities

Every county must have a multi-disciplinary child fatality review panel (114 counties and City of St. Louis).

The county panel must consist of at least the following seven core members: prosecuting attorney, coroner/medical examiner, law enforcement representative, Division of Family Services representative, public health representative, juvenile officer and emergency medical services representative. Panels may elect to have additional members.

All deaths, ages birth to 17, must be reported to the coroner/medical examiner.

Children, age one week to one year, who die in a *sudden, unexplained* manner must have an autopsy.

A state child fatality review panel must meet at least twice per year to review the program's progress and identify systemic needs and problems.

Panels must use uniform protocols and data collection forms.

Certified child-death pathologists must perform the autopsies.

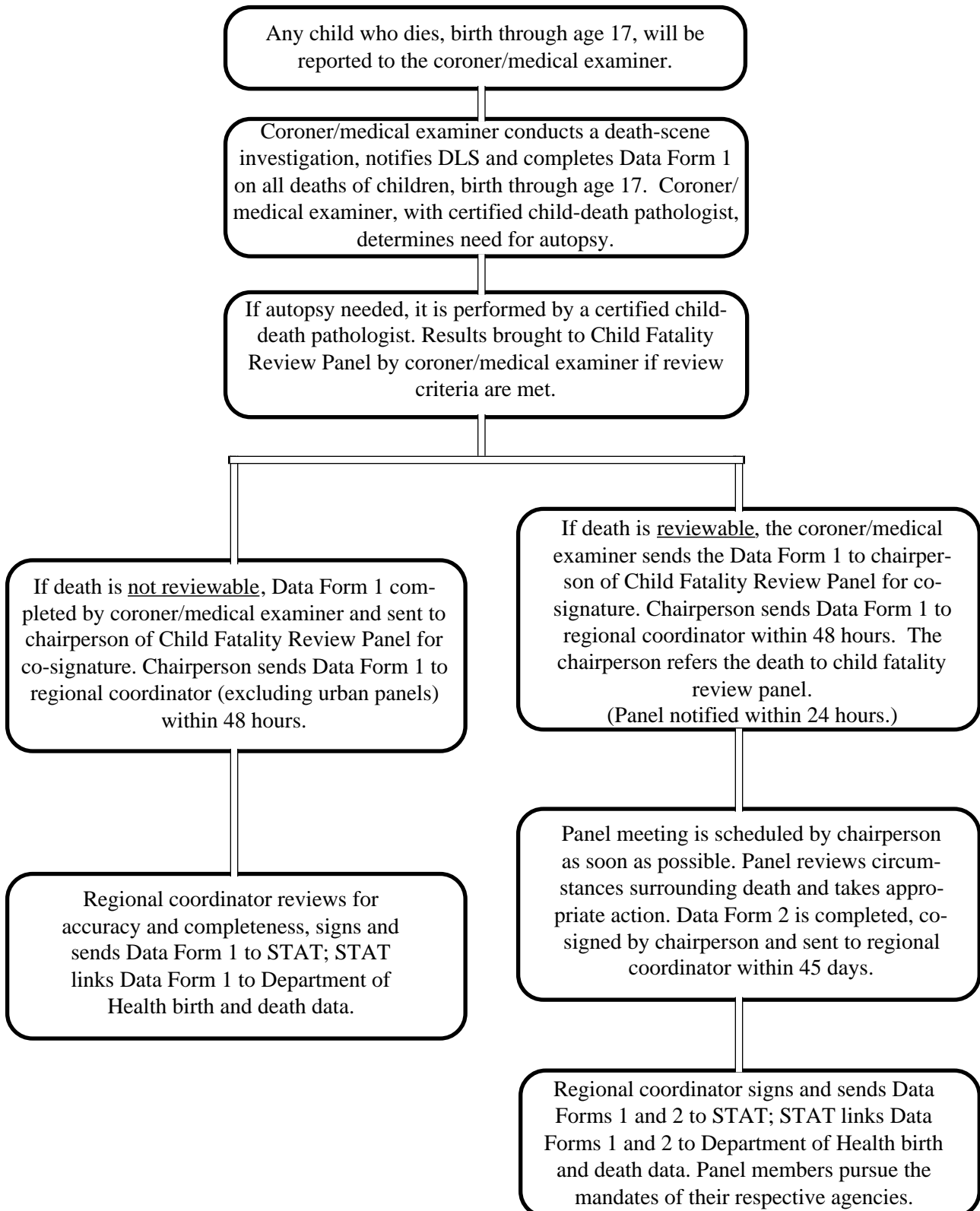
Knowingly violating reporting requirements is a Class A misdemeanor.

When a child's death meets the criteria for review, activation of the panel must occur within 24 hours of the child's death, with a meeting scheduled as soon as practical.

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## Appendix 3. Review Process

### Process for Child Fatality Reviews





## Appendix 4. Missouri Incident Child Fatalities (Age less than 18 ) by County 1996-1998

County of Event	All Deaths			Reviewed Deaths			Injury Deaths			Census Population
	1996	1997	1998	1996	1997	1998	1996	1997	1998	
ADAIR	5	3	4	1	0	0	1	0	1	4,939
ANDREW	2	1	3	0	1	1	2	0	2	4,185
ATCHISON	1	0	1	0	0	0	0	0	1	1,580
AUDRAIN	5	1	3	2	1	2	0	1	1	6,186
BARRY	4	6	3	3	2	1	3	4	1	8,574
BARTON	3	6	1	1	3	1	1	4	1	3,293
BATES	3	3	4	1	0	2	1	3	3	4,167
BENTON	2	0	4	2	0	3	0	0	2	3,640
BOLLINGER	0	4	4	0	1	1	0	4	1	3,100
BOONE	40	38	50	6	9	7	7	9	9	29,944
BUCHANAN	14	11	15	4	5	8	2	3	4	21,317
BUTLER	10	13	7	3	9	4	5	6	0	10,464
CALDWELL	2	2	2	1	2	0	1	2	0	2,380
CALLAWAY	5	5	7	4	4	2	2	3	4	9,770
CAMDEN	10	2	6	6	1	4	7	0	4	7,260
CAPE GIRARDEAU	8	12	6	3	6	1	2	4	1	15,899
CARROLL	2	0	1	0	0	0	2	0	1	2,681
CARTER	4	3	5	1	2	3	3	1	3	1,767
CASS	5	5	6	3	2	4	3	1	4	23,066
CEDAR	0	2	1	0	2	1	0	1	0	3,132
CHARITON	3	0	1	3	0	1	2	0	1	2,230
CHRISTIAN	4	3	5	3	0	2	2	3	4	13,880
CLARK	0	0	0	0	0	0	0	0	0	2,034
CLAY	19	14	26	9	10	17	9	7	14	44,828
CLINTON	1	3	4	0	3	3	1	1	3	5,368
COLE	7	9	13	6	3	11	2	2	10	17,188
COOPER	1	1	1	0	1	0	1	0	1	3,910
CRAWFORD	8	3	2	5	1	0	6	0	2	6,065
DADE	2	1	2	0	1	1	1	0	1	2,004
DALLAS	4	1	2	1	1	1	3	0	0	4,221
DAVIESS	0	0	1	0	0	1	0	0	1	2,172
DE KALB	0	3	0	0	0	0	0	0	0	2,276
DENT	0	2	1	0	2	0	0	2	0	3,755
DOUGLAS	4	1	1	1	0	1	2	1	1	3,278
DUNKLIN	7	5	7	4	1	4	2	1	2	8,818
FRANKLIN	19	9	16	14	8	13	12	6	10	26,148
GASCONADE	1	2	3	0	0	2	0	1	3	3,704
GENTRY	1	2	1	1	2	1	1	2	1	1,746
GREENE	77	51	48	9	14	13	16	7	8	51,890
GRUNDY	2	0	0	1	0	0	0	0	0	2,424
HARRISON	1	0	3	1	0	2	0	0	1	1,981
HENRY	3	4	3	0	1	1	0	2	1	5,246
HICKORY	1	2	0	0	2	0	1	1	0	1,691
HOLT	0	1	0	0	1	0	0	1	0	1,437
HOWARD	1	0	1	0	0	0	0	0	0	2,455
HOWELL	6	8	8	1	6	2	2	4	4	9,393
IRON	0	0	0	0	0	0	0	0	0	2,969

Population data includes individuals under age 18 based upon the Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990 to 1998, Population Estimates Program, Population Division, U.S. Bureau of the Census, July 1998.

## Appendix 4. Missouri Incident Child Fatalities (Age less than 18 ) by County 1996-1998

County of Event	All Deaths			Reviewed Deaths			Injury Deaths			Census Population
	1996	1997	1998	1996	1997	1998	1996	1997	1998	
JACKSON	187	182	173	75	84	72	34	46	38	168,784
JASPER	15	15	14	5	10	10	10	6	6	25,574
JEFFERSON	28	26	19	22	19	15	15	15	14	57,500
JOHNSON	7	5	3	1	1	0	1	1	2	11,963
KNOX	2	0	2	2	0	0	1	0	0	1,042
LACLEDE	3	7	2	2	3	2	1	3	1	8,378
LAFAYETTE	1	7	6	0	5	3	0	3	5	8,679
LAWRENCE	11	3	3	3	1	3	3	2	2	8,967
LEWIS	0	1	3	0	0	3	0	1	3	2,404
LINCOLN	5	8	3	4	7	3	3	6	2	10,947
LINN	3	3	1	1	0	1	0	2	1	3,505
LIVINGSTON	3	2	2	1	1	0	2	0	0	3,493
MCDONALD	5	6	7	3	4	3	1	3	4	5,611
MACON	4	4	1	2	2	0	1	2	0	3,851
MADISON	1	2	2	1	1	1	1	1	2	2,976
MARIES	1	1	3	0	0	2	0	0	3	2,208
MARION	6	7	6	1	3	2	2	2	2	7,666
MERCER	0	1	0	0	1	0	0	1	0	929
MILLER	2	3	4	1	3	1	0	2	2	6,163
MISSISSIPPI	7	0	3	4	0	2	4	0	2	3,950
MONITEAU	2	1	2	2	0	1	2	0	1	3,686
MONROE	1	1	2	0	0	1	0	0	2	2,504
MONTGOMERY	3	1	3	2	1	1	1	1	3	3,229
MORGAN	2	8	0	2	6	0	1	4	0	4,267
NEW MADRID	8	9	5	5	5	3	7	8	4	6,053
NEWTON	23	10	18	5	3	4	11	4	4	13,023
NODAWAY	4	2	1	2	0	0	4	1	0	4,679
OREGON	3	0	0	1	0	0	2	0	0	2,457
OSAGE	3	3	0	1	1	0	3	2	0	3,481
OZARK	0	0	2	0	0	2	0	0	2	2,284
PEMISCOT	5	6	1	3	5	1	2	2	0	6,902
PERRY	2	3	2	1	3	2	1	0	0	4,964
PETTIS	4	13	2	1	5	2	0	4	2	9,739
PHELPS	6	11	6	1	5	4	3	4	3	9,224
PIKE	1	2	1	1	2	0	1	1	0	4,453
PLATTE	6	8	5	2	4	3	3	3	1	18,017
POLK	1	7	5	1	3	1	0	2	4	6,366
PULASKI	4	6	5	3	3	2	0	1	3	11,547
PUTNAM	2	0	0	2	0	0	2	0	0	1,125
RALLS	0	1	1	0	0	0	0	1	0	2,385
RANDOLPH	2	2	1	1	0	0	1	0	0	5,961
RAY	1	3	5	1	2	2	1	3	4	6,750
REYNOLDS	4	3	1	3	1	0	0	3	0	1,748
RIPLEY	4	4	3	1	4	2	3	2	2	3,855
ST CHARLES	29	29	20	18	17	13	11	14	8	80,182
ST CLAIR	1	1	1	0	1	1	1	1	1	2,132
ST FRANCOIS	10	13	4	1	9	2	4	11	3	14,091

Population data includes individuals under age 18 based upon the [Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990 to 1998](#), Population Estimates Program, Population Division, U.S. Bureau of the Census, July 1998.

## Appendix 4. Missouri Incident Child Fatalities (Age less than 18 ) by County 1996-1998

County of Event	All Deaths			Reviewed Deaths			Injury Deaths			Census Population
	1996	1997	1998	1996	1997	1998	1996	1997	1998	
ST LOUIS COUNTY	194	192	202	63	60	55	40	36	30	242,097
STE GENEVIEVE	1	1	2	0	0	1	0	0	1	4,820
SALINE	5	5	5	2	1	3	1	4	3	5,776
SCHUYLER	0	2	1	0	0	1	0	2	1	1,139
SCOTLAND	1	0	0	0	0	0	0	0	0	1,251
SCOTT	9	4	12	3	1	2	3	2	1	11,587
SHANNON	2	1	2	0	1	0	1	0	1	2,232
SHELBY	1	0	0	0	0	0	0	0	0	1,799
STODDARD	9	7	2	3	5	2	2	6	2	7,414
STONE	2	2	3	2	2	2	2	2	2	5,863
SULLIVAN	2	0	1	0	0	0	0	0	1	1,651
TANEY	7	4	2	5	2	1	3	2	0	7,473
TEXAS	4	1	4	0	1	2	0	1	2	5,951
VERNON	4	5	2	0	5	2	0	1	1	5,139
WARREN	4	1	1	3	1	1	0	1	0	6,894
WASHINGTON	5	1	5	0	1	4	3	1	4	6,740
WAYNE	11	1	3	5	1	1	9	1	2	3,080
WEBSTER	4	5	7	2	2	2	3	2	2	8,339
WORTH	0	1	0	0	1	0	0	1	0	565
WRIGHT	3	3	3	0	2	1	1	1	3	5,592
ST LOUIS CITY	162	186	244	59	69	52	32	32	29	91,065
STATE TOTAL	1,149	1,094	1,136	435	487	423	348	350	332	1,406,616

Population data includes individuals under age 18 based upon the [Estimates of the Population of Counties by Age, Sex, Race, and Hispanic Origin: 1990 to 1998](#), Population Estimates Program, Population Division, U.S. Bureau of the Census, July 1998.

## Appendix 5. Missouri Incident Child Deaths (Age less than 18) by Age, Sex, and Race

Characteristic	All Deaths			Reviewed Deaths			Injury Deaths		
	1996	1997	1998	1996	1997	1998	1996	1997	1998
Age of Child									
0	631	600	678	155	167	166	25	31	42
1	53	37	44	28	22	23	23	11	17
2	28	28	30	15	19	17	8	17	18
3	18	27	23	13	20	13	10	14	12
4	23	23	21	14	21	10	15	16	10
5	19	23	17	8	14	7	10	13	9
6	17	16	12	11	4	8	7	3	8
7	9	20	22	6	13	14	8	11	15
8	17	10	16	6	7	5	7	4	8
9	15	14	11	5	9	7	4	8	7
10	16	17	17	10	9	10	9	10	8
11	26	22	16	12	8	11	11	12	12
12	20	16	14	11	14	9	14	0	9
13	25	20	18	14	16	11	13	14	9
14	37	30	34	24	20	21	29	16	21
15	44	39	36	29	29	22	34	29	30
16	72	71	56	36	46	26	56	62	40
17	79	81	71	38	49	43	65	69	57
	1,149	1,094	1,136	435	487	423	348	350	332
Sex of Child									
Male	691	645	657	273	306	251	220	226	205
Female	458	447	479	162	181	172	128	124	127
Unknown	0	2	0	0	0	0	0	0	0
	1,149	1,094	1,136	435	487	423	348	350	332
Race of Child									
White	833	774	781	292	322	282	266	258	251
Black	293	298	346	136	157	140	74	84	79
Other	23	22	9	7	8	1	8	8	2
Unknown	0	0	0	0	0	0	0	0	0
	1,149	1,094	1,136	435	487	423	348	350	332

## Appendix 6. Child Fatality Review Deathscene Checklist



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
MISSOURI CHILD FATALITY REVIEW PROGRAM

615 HOWERTON COURT  
JEFFERSON CITY, MO 65109  
(314) 751-5980  
(800) 487-1626

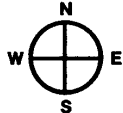
### DEATH-SCENE INVESTIGATIVE CHECKLIST FOR CHILD FATALITIES

(CORONER/MEDICAL EXAMINER SHOULD PREPARE AND SUBMIT TO CERTIFIED CHILD DEATH PATHOLOGIST PRIOR TO AUTOPSY.)						
<b>INSTRUCTIONS:</b> Complete each numbered item by providing the appropriate response and by marking the completed or <u>not</u> completed box in the left-hand margin. Make every attempt to obtain as much information as possible. For assistance, call (800) 487-1626.						
<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> NOT COMPLETED 1. <input type="checkbox"/> </div>	NAME OF DECEDENT: (FIRST) / (MI) / (LAST)		RACE <input type="checkbox"/> W = WHITE <input type="checkbox"/> B = BLACK <input type="checkbox"/> O = OTHER <input type="checkbox"/> U = UNKNOWN	SEX <input type="checkbox"/> M <input type="checkbox"/> F		
	DATE OF BIRTH (MM/DD/YY):		DATE OF DEATH (MM/DD/YY):		TIME OF DEATH: <input type="checkbox"/> AM <input type="checkbox"/> PM	
	SCENE/EVENT ADDRESS (STREET, CITY, ZIP)			COUNTY OF SCENE/EVENT:		
	DECEDENT DISCOVERED BY (NAME):			DATE DISCOVERED (MM/DD/YY):		TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
	RELATIONSHIP TO DECEDENT:		DATE SCENE INVESTIGATION CONDUCTED (MM/DD/YY):		TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	
	DEATH-SCENE PHOTOGRAPHS OF DECEDENT OR SILHOUETTE TAKEN BY (NAME & TITLE):					
	DATE PHOTOS TAKEN (MM/DD/YY)?		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	PRESENT LOCATION OF FILM/NEGATIVES/PRINTS:		
	WHO PRONOUNCED DECEDENT DEAD (NAME & TITLE)?		WHERE PRONOUNCED (HOME, MEDICAL FACILITY, ETC.) ADDRESS:			
	DFS HISTORY CHECKED BY (NAME & TITLE)?		DATE (MM/DD/YY):	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	CFRP CRITERIA PREVIEWED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
	CERTIFIED CHILD-DEATH PATHOLOGIST CONSULTED (NAME)?			AUTOPSY REQUESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	BODY DELIVERED TO PATHOLOGIST BY (NAME & TITLE):			DATE DELIVERED (MM/DD/YY)		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
	INVESTIGATOR(S) (NAME & TITLE):					
	INVESTIGATING AGENCY/DEPARTMENT			REPORT NUMBER		
	<b>ASSESSMENT OF HISTORY AND CIRCUMSTANCES</b>					
	2. <input type="checkbox"/>	MEDICAL ASSISTANCE SUMMONED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		IF YES, WHO WAS SUMMONED?		
WHO PLACED THE CALL (NAME & RELATIONSHIP)?		DATE (MM/DD/YY):	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM			
3. <input type="checkbox"/>	CONVEYED TO MEDICAL FACILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		BY WHOM (NAME & TITLE OF RELATIONSHIP)?			
	NAME AND ADDRESS OF MEDICAL FACILITY:					
4. <input type="checkbox"/>	WAS DECEDENT PHOTOGRAPHED AT MEDICAL FACILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN					
	PHOTOS TAKEN BY (NAME & TITLE):					
	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE (MM/DD/YY):	PRESENT LOCATION OF FILM/NEGATIVES/PRINTS:			
5. <input type="checkbox"/>	RESUSCITATION BY EMS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		ANYONE ELSE (NAME & RELATIONSHIP)?			
	IF NOT EMS, WAS PERSON CPR CERTIFIED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN					
	WHERE WAS RESUSCITATION INITIATED (HOME, NEIGHBOR'S HOME, HOSPITAL, ETC.)?			FOR HOW LONG?		
	DESCRIBE IN DETAIL, LOCATION WHERE DECEDENT WAS FOUND (BED, FLOOR, HOUSE, YARD, VEHICLE, TRASH CONTAINER, ETC.):					
6. <input type="checkbox"/>						

## Appendix 6. Child Fatality Review Deathscene Checklist

7. <input type="checkbox"/> <input type="checkbox"/>	Describe anything unusual found on or around the body, especially anything that may have influenced the death (medicine, baby bottle, cleaning agent, bed clothing, etc.).		
	SEIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	IF YES, BY WHOM (NAME & TITLE)?	PRESENT LOCATION OF EVIDENCE:
8. <input type="checkbox"/> <input type="checkbox"/>	WAS DECEDENT MOVED FROM ORIGINAL POSITION? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		MOVED BY WHOM (NAME AND RELATIONSHIP)?
	WHY MOVED?		
9. <input type="checkbox"/> <input type="checkbox"/>	RIGOR MORTIS (RIGIDITY) <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	WHERE OBSERVED ON DECEDENT?	DATE OBSERVED (MM/DD/YY): ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	(DO NOT ATTEMPT TO MOVE OR STRAIGHTEN FIXED EXTREMITIES)		
10. <input type="checkbox"/> <input type="checkbox"/>	LIVOR MORTIS (SETTLING OF BLOOD)? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	WHERE OBSERVED ON DECEDENT?	
	TIME OBSERVED: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM	CONSISTENT WITH POSITION WHEN FOUND? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
11. <input type="checkbox"/> <input type="checkbox"/>	APPROXIMATE ENVIRONMENTAL TEMPERATURE AT LOCATION OF DEATH (IN FAHRENHEIT DEGREES)? °		TIME OBSERVED: <input type="checkbox"/> AM <input type="checkbox"/> PM
	DATE OBSERVED (MM/DD/YY):		
	IF OUTSIDE, GENERAL WEATHER CONDITIONS: <input type="checkbox"/> RAINING <input type="checkbox"/> SNOWING <input type="checkbox"/> SUNNY <input type="checkbox"/> OTHER: (DESCRIBE) _____		
12. <input type="checkbox"/> <input type="checkbox"/>	TO THE TOUCH, APPARENT BODY TEMPERATURE OF DECEDENT AT LOCATION OF DEATH? <input type="checkbox"/> WARM <input type="checkbox"/> SWEATY <input type="checkbox"/> COLD		DATE OBSERVED (MM/DD/YY):
			TIME OBSERVED: ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
13. <input type="checkbox"/> <input type="checkbox"/>	DATE DECEDENT LAST SEEN ALIVE (MM/DD/YY)?	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	BY WHOM (NAME & RELATIONSHIP)?
	WHAT WAS THE CONDITION OF THE DECEDENT WHEN LAST SEEN ALIVE?		
14. <input type="checkbox"/> <input type="checkbox"/>	WAS DEATH WITNESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		IF YES, BY WHOM (NAME & RELATIONSHIP)? DESCRIBE DETAILS IN NARRATIVE SECTION.
15. <input type="checkbox"/> <input type="checkbox"/>	WHAT WAS THE DECEDENT'S ACTIVITY PRIOR TO DEATH (e.g., SLEEPING, PLAYING, ETC.)?		
16. <input type="checkbox"/> <input type="checkbox"/>	APPEARANCE OF DECEDENT WHEN OBSERVED: <input type="checkbox"/> CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> OTHER: DESCRIBE:		
17. <input type="checkbox"/> <input type="checkbox"/>	CLOTHING WORN? <input type="checkbox"/> CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> TORN OR DAMAGED		APPROPRIATE? <input type="checkbox"/> NO <input type="checkbox"/> YES
	DESCRIBE:		
18. <input type="checkbox"/> <input type="checkbox"/>	CLOTHING SEIZED AND PACKAGED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		IF YES, BY WHOM (NAME & TITLE)?
	PRESENT LOCATION OF EVIDENCE:		
19. <input type="checkbox"/> <input type="checkbox"/>	BODY POSITION WHEN DISCOVERED: <input type="checkbox"/> ON STOMACH <input type="checkbox"/> ON BACK <input type="checkbox"/> SEATED UPRIGHT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> RIGHT SIDE		IF APPLICABLE, BODY WAS: <input type="checkbox"/> VERTICALLY PINNED <input type="checkbox"/> HORIZONTALLY PINNED <input type="checkbox"/> OTHER WEDGING <input type="checkbox"/> N/A
	PINNED OR WEDGED BY WHAT?		
20. <input type="checkbox"/> <input type="checkbox"/>	USUAL SLEEPING POSITION? <input type="checkbox"/> ON STOMACH <input type="checkbox"/> ON BACK <input type="checkbox"/> SEATED UPRIGHT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> RIGHT SIDE		
21. <input type="checkbox"/> <input type="checkbox"/>	POSITION OF FACE (NOSE/MOUTH) WHEN DISCOVERED: <input type="checkbox"/> FACE DIRECTLY UP <input type="checkbox"/> FACE TO RIGHT <input type="checkbox"/> FACE DIRECTLY DOWN <input type="checkbox"/> FACE TO LEFT		WERE PHOTOS TAKEN? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN
	IF PHOTOS TAKEN, WHO TOOK THEM (NAME & TITLE)?	DATE (MM/DD/YY):	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
		PRESENT LOCATION OF FILM/NEGATIVES/PRINTS:	
22. <input type="checkbox"/> <input type="checkbox"/>	WAS DECEDENT'S FACE IN CONTACT WITH WET SUBSTANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		SUBSTANCE APPEARED TO BE: <input type="checkbox"/> MUCUS <input type="checkbox"/> VOMIT <input type="checkbox"/> BLOODY FROTH <input type="checkbox"/> FOOD <input type="checkbox"/> SALIVA <input type="checkbox"/> DRIED SECRETION <input type="checkbox"/> FORMULA <input type="checkbox"/> FROTH <input type="checkbox"/> BLOOD TINGED SECRETION OTHER: _____

## Appendix 6. Child Fatality Review Deathscene Checklist

23. <input type="checkbox"/> <input type="checkbox"/>	SUBSTANCE OBSERVED IN NOSE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	SUBSTANCE APPEARED TO BE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MUCUS   <input type="checkbox"/> VOMIT  <input type="checkbox"/> FOOD   <input type="checkbox"/> SALIVA  <input type="checkbox"/> FORMULA   <input type="checkbox"/> FROTH           </div> <div> <input type="checkbox"/> BLOODY FROTH  <input type="checkbox"/> DRIED SECRETION  <input type="checkbox"/> BLOOD TINGED SECRETION           </div> <div>             OTHER: _____              _____           </div> </div>		
24. <input type="checkbox"/> <input type="checkbox"/>	SUBSTANCE OBSERVED IN MOUTH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	SUBSTANCE APPEARED TO BE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MUCUS   <input type="checkbox"/> VOMIT  <input type="checkbox"/> FOOD   <input type="checkbox"/> SALIVA  <input type="checkbox"/> FORMULA   <input type="checkbox"/> FROTH           </div> <div> <input type="checkbox"/> BLOODY FROTH  <input type="checkbox"/> DRIED SECRETION  <input type="checkbox"/> BLOOD TINGED SECRETION           </div> <div>             OTHER: _____              _____           </div> </div>		
25. <input type="checkbox"/> <input type="checkbox"/>	ANYTHING OBSTRUCTING FACE, NOSE OR MOUTH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, DESCRIBE _____		
26. <input type="checkbox"/> <input type="checkbox"/>	SECRETIONS FOUND ON: <input type="checkbox"/> PILLOW <input type="checkbox"/> BLANKET <input type="checkbox"/> SHEET <input type="checkbox"/> MATTRESS <input type="checkbox"/> CLOTHING <input type="checkbox"/> OTHER: _____		
	APPEARED TO BE: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MUCUS   <input type="checkbox"/> VOMIT  <input type="checkbox"/> FOOD   <input type="checkbox"/> SALIVA  <input type="checkbox"/> FORMULA   <input type="checkbox"/> FROTH           </div> <div> <input type="checkbox"/> BLOODY FROTH  <input type="checkbox"/> DRIED SECRETION  <input type="checkbox"/> BLOOD TINGED SECRETION           </div> <div>             OTHER: _____              _____           </div> </div>		
27. <input type="checkbox"/> <input type="checkbox"/>	HEMORRHAGE OF EYES? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		HEMORRHAGE OF EARS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN
	DESCRIBE: _____ _____ _____		
28. <input type="checkbox"/> <input type="checkbox"/>	IS THERE A VISIBLE CREASE ON FACE, NECK OR HEAD FROM PILLOWS, CLOTHING, BEDDING, OR OTHER OBJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	EXPLAIN: _____ _____ _____		
29. <input type="checkbox"/> <input type="checkbox"/>	SKETCH POSITION OF DECEDENT AS FOUND, AND IDENTIFY IF IN BED OR OTHER IDENTIFIABLE LOCATION. (INDICATE DIRECTION OF DECEDENT'S HEAD; CIRCLE DIRECTION INDICATOR.)		
			
30. <input type="checkbox"/> <input type="checkbox"/>	If appropriate, describe bed/crib/bassinet/couch/floor/water mattress/bean bag or other sleeping arrangement including all sheets, pillows, plastic covers, blankets, defects or miscellaneous objects in or near bedding where decedent was found. NOTE: If a crib, describe any defects, damage and/or inappropriate mattress size.		
31. <input type="checkbox"/> <input type="checkbox"/>	WAS ANYTHING SEIZED? DESCRIBE: _____ <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	BY WHOM (NAME & TITLE)? _____	PRESENT LOCATION OF ITEM(S): _____
32. <input type="checkbox"/> <input type="checkbox"/>	IF SLEEPING, WAS THE DECEDENT SLEEPING ALONE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN		
	IF NO, WHO WAS DECEDENT SLEEPING WITH? (NAME(S), RELATIONSHIP(S), AND AGE(S) NEEDED.) _____		

## Appendix 6. Child Fatality Review Deathscene Checklist

33. <input type="checkbox"/> <input type="checkbox"/>	ANY POSSIBILITY OF OVERLAYING? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, REPORTED RECENT ALCOHOL CONSUMPTION OR DRUG/MEDICINE USAGE BY PERSON SLEEPING WITH CHILD? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	
34. <input type="checkbox"/> <input type="checkbox"/>	IN GENERAL, DO LIVING CONDITIONS APPEAR OVERCROWDED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN EXPLAIN:	
35. <input type="checkbox"/> <input type="checkbox"/>	IF ANY INJURY IS NOTED, HOW IS IT ALLEGED TO HAVE OCCURRED?	
36. <input type="checkbox"/> <input type="checkbox"/>	Fully describe any indications of trauma or injury including bruises, scrapes, cuts, rashes, burn marks, swelling, etc. Include colors, shapes, sizes and locations on body. (If not at scene, indicate location where body viewed?)	
37. <input type="checkbox"/> <input type="checkbox"/>	IF INJURY WAS INFLICTED, APPARENT OBJECT OR WEAPON USED?  WAS OBJECT SEIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN PRESENT LOCATION OF OBJECT/WEAPON:	WHO INFLICTED INJURY (NAME & RELATIONSHIP)?  SEIZED BY WHOM (NAME & TITLE)?
38. <input type="checkbox"/> <input type="checkbox"/>	IF INJURY RESULTED FROM A FALL, DESCRIBE WHAT DECEDENT FELL FROM, THE DISTANCE OF THE FALL AND SURFACE DECEDENT FELL ON (CARPET, CONCRETE, GROUND, ETC.). USE NARRATIVE SECTION, IF NECESSARY.	
39. <input type="checkbox"/> <input type="checkbox"/>	IF INJURY RESULTED FROM A BURN, DESCRIBE APPARENT CAUSE (HOT WATER, CIGARETTE, CHEMICAL, ETC.):	
40. <input type="checkbox"/> <input type="checkbox"/>	HAS DECEDENT HAD OTHER SERIOUS INJURIES DURING THE LAST YEAR? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN EXPLAIN:	
41. <input type="checkbox"/> <input type="checkbox"/>	HAS DECEDENT HAD A RECENT ILLNESS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN EXPLAIN:	



## Appendix 6. Child Fatality Review Deathscene Checklist

42. <input type="checkbox"/> <input type="checkbox"/>	Has decedent been exposed to any contagious disease recently? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If yes, explain: _____ _____ _____		
	Symptoms Noted: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Appetite change  <input type="checkbox"/> Sniffles  <input type="checkbox"/> Cold  <input type="checkbox"/> Congestion  <input type="checkbox"/> Fever         </div> <div style="width: 33%;"> <input type="checkbox"/> Wheezes  <input type="checkbox"/> Cough  <input type="checkbox"/> Irritability  <input type="checkbox"/> Other: _____  <input type="checkbox"/> How high? _____         </div> <div style="width: 33%;"> <input type="checkbox"/> Fussy  <input type="checkbox"/> Diarrhea  <input type="checkbox"/> Runny nose  <input type="checkbox"/> None noted         </div> </div>		
43. <input type="checkbox"/> <input type="checkbox"/>	WAS DECEDENT TAKEN FOR TREATMENT FOR PREVIOUS SYMPTOMS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN WHERE WAS TREATMENT RECEIVED (NAME OF FACILITY)? _____ WHO PROVIDED TREATMENT (NAME & TITLE)? _____ IF YES, WHAT DIAGNOSIS WAS RENDERED? _____		
44. <input type="checkbox"/> <input type="checkbox"/>	HAS DECEDENT BEEN ON MEDICATION? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, NAME OF MEDICATION: _____ HAS DECEDENT RECEIVED RECENT IMMUNIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, WHAT TYPE? _____ IF YES, NAME OF MEDICAL PRACTITIONER/CLINIC: _____		
45. <input type="checkbox"/> <input type="checkbox"/>	ANY KNOWN ALLERGIES OR PREVIOUS REACTIONS TO SHOTS OR MEDICATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, EXPLAIN: _____ _____		
46. <input type="checkbox"/> <input type="checkbox"/>	WHEN HAD DECEDENT LAST EATEN? DATE (MMD/DD/YY): _____ TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM WHAT WAS EATEN OR INGESTED? _____ QUANTITY EATEN? _____ ANY FEEDING/EATING DIFFICULTIES (PAST OR RECENT)? Describe: _____ _____		
47. <input type="checkbox"/> <input type="checkbox"/>	ANY KNOWN FOOD INTOLERANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, WHAT FOODS? _____		
48. <input type="checkbox"/> <input type="checkbox"/>	IF INFANT, WAS DECEDENT BREAST FED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN FORMULA FED? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES: FORMULA BRAND: _____		
49. <input type="checkbox"/> <input type="checkbox"/>	HAD DECEDENT RECEIVED ANY OF THE FOLLOWING WITHIN THE LAST 48 HOURS? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> COW'S MILK  <input type="checkbox"/> WATERED DOWN FORMULA         </div> <div style="width: 33%;"> <input type="checkbox"/> GOAT'S MILK  <input type="checkbox"/> UNKNOWN         </div> <div style="width: 33%;"> <input type="checkbox"/> HONEY  <input type="checkbox"/> OTHER: _____         </div> </div>		
50. <input type="checkbox"/> <input type="checkbox"/>	HAS DECEDENT BEEN UNDER ROUTINE CARE OF A MEDICAL PRACTITIONER? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, PRACTITIONER'S NAME/CLINIC: _____ DESCRIBE CHILD'S GENERAL TEMPERAMENT (e.g., COLICKY, FUSSY, HYPERACTIVE, QUIET, ETC.): _____		
51. <input type="checkbox"/> <input type="checkbox"/>	Name, age, and any known serious medical conditions of natural parents: Mother (include maiden name): _____ Father: _____		

## Appendix 6. Child Fatality Review Deathscene Checklist

52. <input type="checkbox"/> <input type="checkbox"/>	WHO DOES DECEDENT LIVE WITH IF DIFFERENT FROM PARENT(S) (NAME, ADDRESS & RELATIONSHIP)?	
53. <input type="checkbox"/> <input type="checkbox"/>	NAME, AGE, DOB AND ANY KNOWN SERIOUS HEALTH CONDITIONS OF SIBLINGS?	
54. <input type="checkbox"/> <input type="checkbox"/>	WHO ARE THE DECEDENT'S REGULAR PLAYMATES (NAMES & ADDRESSES)?	
55. <input type="checkbox"/> <input type="checkbox"/>	IF PARENT(S) EMPLOYED, WHO ROUTINELY PROVIDED CHILD CARE FOR THE DECEDENT (NAME/ADDRESS/RELATIONSHIP)?	
	WAS SIBLING RESPONSIBLE FOR CARING FOR THE DECEDENT AT TIME OF DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	IF YES, WHICH SIBLING(S)?
56. <input type="checkbox"/> <input type="checkbox"/>	KNOWN MATERNAL PRE-NATAL HEALTH PROBLEMS (DIABETES, HYPERTENSION, ETC.)? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, DESCRIBE:	
	WAS MOTHER TAKING PRESCRIPTION MEDICATION FOR ABOVE MEDICAL CONDITION DURING PREGNANCY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, WHAT TYPE MEDICATION?	
57. <input type="checkbox"/> <input type="checkbox"/>	PRE-NATAL MATERNAL CIGARETTE, ALCOHOL OR DRUG USAGE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES:	
	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> CIGARETTES <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA <input type="checkbox"/> METHAMPHETAMINE <input type="checkbox"/> COCAINE   OTHER: _____	
58. <input type="checkbox"/> <input type="checkbox"/>	KNOWN COMPLICATIONS OF PREGNANCY OR DELIVERY? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, EXPLAIN:	
	LOCATION OF BIRTH AND NAME OF ATTENDING MEDICAL PRACTITIONER:	
59. <input type="checkbox"/> <input type="checkbox"/>	BIRTH DEFECTS OR OTHER ABNORMALITIES OF DECEDENT AT BIRTH; DESCRIBE:	
60. <input type="checkbox"/> <input type="checkbox"/>	ANY FAMILY HISTORY OF SIDS OR OTHER INFANT DEATH? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, DESCRIBE DETAILS INCLUDING DATE OF DEATH & LOCATION OF OCCURRENCE:	
	FAMILY MEMBER OR OTHER CARE GIVER WITH KNOWN HISTORY OF AIDS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN IF YES, PROVIDE NAME AND RELATIONSHIP:	



## Appendix 7. Child Fatality Review Panel Data Form 1



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES  
**CORONER/MEDICAL EXAMINER DATA REPORT**  
TO BE COMPLETED FOR ALL CHILD DEATHS <18 YEARS OF AGE

STATE USE ONLY		DATA FORM <b>1</b>
DEATH CERT. NO.	BIRTH CERT. NO.	
CFRP CASE NO.	DECEDENT DCN	
<input type="checkbox"/> MEDICAID		
CA/N INCIDENT NO.		
DEATH CERTIFICATE MANNER OF DEATH		
a. <input type="checkbox"/> NATURAL	d. <input type="checkbox"/> HOMICIDE	
b. <input type="checkbox"/> ACCIDENT	e. <input type="checkbox"/> UNDETERMINED	
c. <input type="checkbox"/> SUICIDE	f. <input type="checkbox"/> PENDING	

### INSTRUCTIONS

Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age. If county of illness/injury/event is different from county of death, complete form with all known information before forwarding to coroner or medical examiner of county of illness/injury/event. Notify the panel chairperson of the death. Complete the form with all known information and forward to the panel chairperson for signature.

### A. IDENTIFICATION INFORMATION

1. a. <input type="checkbox"/> Illness/injury/event is in Missouri. Complete all sections of Form 1. b. <input type="checkbox"/> Illness/injury/event occurred out-of-state, but death occurred in Missouri. Complete Section A only.			
2. COUNTY OF RESIDENCE <div>STATE USE ONLY</div>		3. COUNTY OF ILLNESS/INJURY/EVENT <div>STATE USE ONLY</div>	
4. COUNTY OF DEATH <div>STATE USE ONLY</div>			
5. DECEDENT'S NAME (FIRST, MI, LAST) _____/_____/____		6. DATE OF BIRTH (MM/DD/YY) ____/____/____	
7. DATE OF DEATH (MM/DD/YY) ____/____/____			
8. SEX a. <input type="checkbox"/> MALE b. <input type="checkbox"/> FEMALE	9. RACE a. <input type="checkbox"/> WHITE b. <input type="checkbox"/> BLACK c. <input type="checkbox"/> ASIAN/PACIFIC ISLANDER d. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE e. <input type="checkbox"/> UNKNOWN	10. IS DECEDENT OF HISPANIC ORIGIN? a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO	
11. MOTHER'S NAME (FIRST, MAIDEN, LAST) _____/_____/____		12. MOTHER'S DATE OF BIRTH ____/____/____	

### B. INDICATIONS FOR REVIEW — (ALL DEATHS)

1. Mark all that apply to this fatality. If one or more indicators are applicable, RSMo. 210.192 requires that the case **shall be referred** to the panel.

- |  |   |
|--|---|
| a. <input type="checkbox"/> Sudden, unexplained death, age <1 year                     | m. <input type="checkbox"/> Drowning  |
| b. <input type="checkbox"/> Unexplained/undetermined manner                            | n. <input type="checkbox"/> Suffocation or strangulation  |
| c. <input type="checkbox"/> DFS reports on decedent or other persons in the residence  | o. <input type="checkbox"/> Poison/chemical/drug ingestion  |
| d. <input type="checkbox"/> Decedent in DFS custody                                    | p. <input type="checkbox"/> Severe unexplained injury   |
| e. <input type="checkbox"/> Possible inadequate supervision                            | q. <input type="checkbox"/> Pedestrian/bicycle/driveway injury  |
| f. <input type="checkbox"/> Possible malnutrition or delay in seeking medical care     | r. <input type="checkbox"/> Drug/alcohol-related vehicular injury                                     |
| g. <input type="checkbox"/> Possible suicide   | s. <input type="checkbox"/> Suspected sexual assault  |
| h. <input type="checkbox"/> Possible inflicted injury                                  | t. <input type="checkbox"/> Fire injury   |
| i. <input type="checkbox"/> Firearm injury   | u. <input type="checkbox"/> Autopsy by certified child death pathologist                              |
| j. <input type="checkbox"/> Injury not witnessed by person in charge at time of injury | v. <input type="checkbox"/> Panel discretion  |
| k. <input type="checkbox"/> Confinement  | w. <input type="checkbox"/> Other suspicious findings (injuries such as electrocution, crush or fall) |
| l. <input type="checkbox"/> Suspicious/criminal activity                               |   |

### 2. Referral to Panel (Mark one)

- a. ☐ One or more of the indicators marked above apply in this fatality. The case **shall be referred** to the review panel.  
b. ☐ None of the indicators listed apply in this fatality. The case is not referred to the panel.

### C. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)

Notify Child Abuse/Neglect Hotline of all deaths of children <18 years of age.

1. Were there prior reports to the Child Abuse/Neglect Hotline? a. ☐ Yes b. ☐ No  
If yes, mark all that apply:
- |   |   |
|---|---|
| 1. <input type="checkbox"/> Involving child                 | 3. <input type="checkbox"/> Involving caretaker (other than family) |
| 2. <input type="checkbox"/> Involving anyone else in family | 4. <input type="checkbox"/> Total number of DFS reports _____       |
2. Current notification to Child Abuse/Neglect Hotline was accepted as:
- |   |  |                                     |
|---|--|-------------------------------------|
| a. <input type="checkbox"/> Information/Referral only | b. <input type="checkbox"/> Report for investigation | c. <input type="checkbox"/> Unknown |
|---|--|-------------------------------------|

## Appendix 7. Child Fatality Review Panel Data Form 1

### D. SOCIAL INFORMATION

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:

A = 0-5 yrs.

B = 6-9 yrs.

C = 10-14 yrs.

D = 15-18 yrs.

E = 19-40 yrs.

F = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. <input type="checkbox"/> Natural father	_____	<input type="checkbox"/>	i. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
b. <input type="checkbox"/> Natural mother	_____	<input type="checkbox"/>	j. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
c. <input type="checkbox"/> Adoptive father	_____	<input type="checkbox"/>	k. <input type="checkbox"/> Mother's paramour	_____	<input type="checkbox"/>
d. <input type="checkbox"/> Adoptive mother	_____	<input type="checkbox"/>	l. <input type="checkbox"/> Father's paramour	_____	<input type="checkbox"/>
e. <input type="checkbox"/> Stepfather	_____	<input type="checkbox"/>	m. <input type="checkbox"/> Other non-relative	_____	<input type="checkbox"/>
f. <input type="checkbox"/> Stepmother	_____	<input type="checkbox"/>	n. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
g. <input type="checkbox"/> Foster father	_____	<input type="checkbox"/>	o. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
h. <input type="checkbox"/> Foster mother	_____	<input type="checkbox"/>	p. <input type="checkbox"/> More than two children (list in narrative)		

2. Current marital status of head of household?

- a. ☐ Married  
b. ☐ Widowed

- c. ☐ Divorced  
d. ☐ Never married

- e. ☐ Unknown

### E. DEATH/SCENE INFORMATION

1. Place of death?

- |   |   |   |   |
|---|---|---|---|
| a. <input type="checkbox"/> Decedent's home | e. <input type="checkbox"/> Public drive  | i. <input type="checkbox"/> Other private property          | m. <input type="checkbox"/> Body of water |
| b. <input type="checkbox"/> Other home      | f. <input type="checkbox"/> Street        | j. <input type="checkbox"/> Licensed child care facility    | n. <input type="checkbox"/> Work place    |
| c. <input type="checkbox"/> Rural road      | g. <input type="checkbox"/> Private drive | k. <input type="checkbox"/> Unlicensed child care facility  | o. <input type="checkbox"/> Hospital      |
| d. <input type="checkbox"/> Highway         | h. <input type="checkbox"/> Farm          | l. <input type="checkbox"/> Child care residential facility | p. <input type="checkbox"/> Other: _____  |

2. Date of injury/event? a. ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY) b. ☐ Unknown

3. Time of injury/event? a. ☐ \_\_\_\_ : \_\_\_\_ (Hour:Minute) ☐ AM ☐ PM b. ☐ Unknown

4. Time pronounced dead? a. ☐ \_\_\_\_ : \_\_\_\_ (Hour:Minute) ☐ AM ☐ PM b. ☐ Unknown

5. Was an autopsy performed? a. ☐ Yes b. ☐ No c. ☐ Unknown

If yes:

1. ☐ By CFRP pathologist?  
2. ☐ By hospital physician?

(NOTE: Autopsies performed by non-certified child pathologists are limited to hospital deaths resulting from a **known** medical condition/illness.)

3. Name of CFRP pathologist? (Last name only) \_\_\_\_\_

### F. SUPERVISION

1. Who was in charge of watching the decedent at the time of injury/event?

- |   |   |   |
|---|---|---|
| a. <input type="checkbox"/> Natural father  | g. <input type="checkbox"/> Foster father                         | m. <input type="checkbox"/> Unlicensed babysitter/child care worker |
| b. <input type="checkbox"/> Natural mother  | h. <input type="checkbox"/> Foster mother                         | n. <input type="checkbox"/> Child, age: _____                       |
| c. <input type="checkbox"/> Adoptive father | i. <input type="checkbox"/> Other relative                        | o. <input type="checkbox"/> Hospital staff                          |
| d. <input type="checkbox"/> Adoptive mother | j. <input type="checkbox"/> Parent's male paramour                | p. <input type="checkbox"/> Other non-relative                      |
| e. <input type="checkbox"/> Stepfather      | k. <input type="checkbox"/> Parent's female paramour              | q. <input type="checkbox"/> No one in charge of watching            |
| f. <input type="checkbox"/> Stepmother      | l. <input type="checkbox"/> Licensed babysitter/child care worker | r. <input type="checkbox"/> Due to age, no one in charge            |

2. Was the decedent adequately supervised? a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

If no:

1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?  
a. ☐ Yes b. ☐ No c. ☐ Unknown

2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?  
a. ☐ Yes b. ☐ No c. ☐ Unknown

3. Was injury/event witnessed by at least one person? a. ☐ Yes b. ☐ No c. ☐ Unknown

## Appendix 7. Child Fatality Review Panel Data Form 1

### G. CAUSE OF DEATH

(Select most appropriate cause of death and if applicable, complete Section H)

#### 1. ☐ INJURY (Complete questions 1 and 2 for all injuries)

1. Was the injury inflicted? a. ☐ Yes b. ☐ No c. ☐ Unknown  
(Inflicted - defined as assaultive or aggressive action)
2. Was the injury intentional? a. ☐ Yes b. ☐ No c. ☐ Unknown

If vehicle accident, non-reviewable, answer questions 3 through 9. If reviewable vehicle accident (pedestrian/bicycle/driveway injury, drug/alcohol related or other suspicious/criminal activity), skip the following questions and complete Section H.

3. Position of decedent?  
a. ☐ Operator c. ☐ Other  
b. ☐ Passenger d. ☐ Unknown
4. Vehicle in which decedent was occupant?  
a. ☐ Car c. ☐ Motorcycle/ATV e. ☐ Semi/Tractor trailer unit  
b. ☐ Truck/RV/Van d. ☐ Farm vehicle f. ☐ Other
5. Was another vehicle involved in accident? a. ☐ Yes b. ☐ No
6. Condition of road?  
a. ☐ Normal c. ☐ Wet e. ☐ Other  
b. ☐ Loose gravel d. ☐ Ice or snow f. ☐ Unknown
7. Restraint used by decedent?  
a. ☐ Present, not used c. ☐ Used correctly e. ☐ Unknown  
b. ☐ None in vehicle d. ☐ Used incorrectly f. ☐ Not applicable
8. Helmet used by decedent?  
a. ☐ Helmet worn b. ☐ Helmet not worn c. ☐ Not applicable
9. Primary cause of accident?  
a. ☐ Speeding c. ☐ Mechanical failure e. ☐ Driver error  
b. ☐ Carelessness d. ☐ Weather conditions f. ☐ Other

#### 2. ☐ ILLNESS OR OTHER NATURAL CAUSE

1. Known condition \_\_\_\_\_
2. Was inadequate care or neglect involved in death? a. ☐ Yes b. ☐ No  
(If yes, mark Section H, Number 2)

Complete questions 3 - 8 if death in infant <1 year of age.

3. History information provided by? a. ☐ Parent b. ☐ Physician/Medical facility c. ☐ Other
4. Age at death?  
a. ☐ 0 - 24 hours after birth c. ☐ 48 hours - 6 weeks e. ☐ 6 months - 1 year  
b. ☐ 24 - 48 hours d. ☐ 6 weeks - 6 months
5. Gestational age?  
a. ☐ <25 weeks b. ☐ 25 - 30 weeks c. ☐ 30-37 weeks d. ☐ >37 weeks e. ☐ Unknown
6. Birth weight in grams (approximate lbs./oz.)?  
a. ☐ <750 (<1 lb. 10 oz.) c. ☐ 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.) e. ☐ Unknown  
b. ☐ 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.) d. ☐ >2,500 (>5 lbs. 6 oz.)
7. Multiple birth? a. ☐ Yes b. ☐ No
8. Have there been other infant deaths in the immediate family? a. ☐ Yes b. ☐ No c. ☐ Unknown

#### 3. ☐ UNKNOWN CAUSE (Describe in narrative. Death shall be reviewed.)

1. Was death sudden and unexplained in infant <1 year of age? a. ☐ Yes b. ☐ No  
If yes, also complete Section G, Number 2, questions 3 - 8 and mark Section H, Number 1.

## Appendix 7. Child Fatality Review Panel Data Form 1

H. CIRCUMSTANCES OF DEATH		
<b>If any of the circumstances are applicable, death shall be reviewed.</b>		
1. <input type="checkbox"/> Sudden Unexplained Death of Infant <1 Year 2. <input type="checkbox"/> Inadequate Care or Neglect 3. <input type="checkbox"/> Vehicular (Includes pedestrian/bicycle/driveway injury, drug/alcohol related, or other suspicious/criminal activity) 4. <input type="checkbox"/> Drowning 5. <input type="checkbox"/> Firearm 6. <input type="checkbox"/> Suffocation/Strangulation 7. <input type="checkbox"/> Electrocution	8. <input type="checkbox"/> Fall Injury 9. <input type="checkbox"/> Poisoning/Overdose 10. <input type="checkbox"/> Fire/Burn 11. <input type="checkbox"/> Crush 12. <input type="checkbox"/> Confinement 13. <input type="checkbox"/> Shaken/Impact Syndrome 14. <input type="checkbox"/> Other Inflicted Injury (Describe in narrative) 15. <input type="checkbox"/> Other Circumstances (Describe in narrative)	
I. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS		
J. PREVENTION		
1. To what degree was this death believed to be preventable? (Preventable death is defined as one in which awareness/education/action by an individual or the community may have changed the circumstances that led to death.) a. <input type="checkbox"/> Not at all                      b. <input type="checkbox"/> Possibly                      c. <input type="checkbox"/> Definitely		
2. Primary risk factors involved in the child's death? (Mark all that apply) a. <input type="checkbox"/> Medical                      c. <input type="checkbox"/> Economic                      e. <input type="checkbox"/> Environmental                      g. <input type="checkbox"/> Drugs or alcohol b. <input type="checkbox"/> Social                      d. <input type="checkbox"/> Behavioral                      f. <input type="checkbox"/> Product safety                      h. <input type="checkbox"/> Other		
3. Were these risk factors identified in your community prior to the death?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No		
4. Was any action taken in your community to address the risk factors prior to this death?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No		
5. Could the family or child have taken actions to reduce the risk? a. <input type="checkbox"/> Yes                      b. <input type="checkbox"/> No                      c. <input type="checkbox"/> Unknown		
6. What actions can be taken by your community to prevent similar deaths. a. <input type="checkbox"/> Legislation, law or ordinance                      f. <input type="checkbox"/> Public forums b. <input type="checkbox"/> Community safety project                      g. <input type="checkbox"/> News services c. <input type="checkbox"/> Product safety action                      h. <input type="checkbox"/> Changes in agency practice d. <input type="checkbox"/> Educational activities in school                      i. <input type="checkbox"/> Other programs or activities e. <input type="checkbox"/> Educational activities in the media                      j. <input type="checkbox"/> None		
CORONER/MEDICAL EXAMINER SIGNATURE  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	REFER TO CFRP? a. <input type="checkbox"/> YES    b. <input type="checkbox"/> NO	DATE (MM/DD/YY) ____ / ____ / ____
CFRP CHAIR SIGNATURE  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	REFER TO CFRP? a. <input type="checkbox"/> YES    b. <input type="checkbox"/> NO	DATE (MM/DD/YY) ____ / ____ / ____
REGIONAL COORDINATOR SIGNATURE  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	DATE (MM/DD/YY) ____ / ____ / ____	

## Appendix 8. Child Fatality Review Panel Data Form 2



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF FAMILY SERVICES

### CHILD FATALITY REVIEW PANEL DATA REPORT

TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS <18 YEARS OF AGE

STATE USE ONLY		DATA FORM <b>2</b>
DEATH CERT. NO.	BIRTH CERT. NO.	
CFRP CASE NO.	DECEDENT DCN	
<input type="checkbox"/> MEDICAID	CA/N INCIDENT NO.	
DEATH CERTIFICATE MANNER OF DEATH		
a. <input type="checkbox"/> NATURAL	d. <input type="checkbox"/> HOMICIDE	
b. <input type="checkbox"/> ACCIDENT	e. <input type="checkbox"/> UNDETERMINED	
c. <input type="checkbox"/> SUICIDE	f. <input type="checkbox"/> PENDING	

#### INSTRUCTIONS

Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age.

Complete the form with all known information and forward to the regional coordinator within forty-five days of the death.

#### A. IDENTIFICATION INFORMATION

1. COUNTY OF RESIDENCE		2. COUNTY OF ILLNESS/INJURY/EVENT		3. COUNTY OF DEATH	
STATE USE ONLY		STATE USE ONLY		STATE USE ONLY	
4. DECEDENT'S NAME (FIRST, MI, LAST)			5. DATE OF BIRTH (MM/DD/YY)		6. DATE OF DEATH (MM/DD/YY)
/ /			_ _ / _ _ / _ _		_ _ / _ _ / _ _
7. SEX		8. RACE		9. IS DECEDENT OF HISPANIC ORIGIN?	
a. <input type="checkbox"/> MALE		a. <input type="checkbox"/> WHITE		a. <input type="checkbox"/> YES	
b. <input type="checkbox"/> FEMALE		c. <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		b. <input type="checkbox"/> NO	
		d. <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE			
		e. <input type="checkbox"/> UNKNOWN			
10. MOTHER'S NAME (FIRST, MAIDEN, LAST)					11. MOTHER'S DATE OF BIRTH (MM/DD/YY)
/ /					_ _ / _ _ / _ _

#### B. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)

1. Were there prior reports to the Child Abuse/Neglect Hotline? a. ☐ Yes b. ☐ No

If yes, mark all that apply:

1. ☐ Involving child  
2. ☐ Involving anyone else in family  
3. ☐ Involving caretaker (other than family)  
4. ☐ Total number of DFS reports \_\_\_\_\_

2. Current notification to Child Abuse/Neglect Hotline was accepted as:

- a. ☐ Information/Referral only  
b. ☐ Report for investigation

#### C. SOCIAL INFORMATION

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:

A = 0-5 yrs. B = 6-9 yrs. C = 10-14 yrs. D = 15-18 yrs. E = 19-40 yrs. F = >40 yrs.

	Age Range	Head of Household		Age Range	Head of Household
a. <input type="checkbox"/> Natural father	_____	<input type="checkbox"/>	i. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
b. <input type="checkbox"/> Natural mother	_____	<input type="checkbox"/>	j. <input type="checkbox"/> Other relative	_____	<input type="checkbox"/>
c. <input type="checkbox"/> Adoptive father	_____	<input type="checkbox"/>	k. <input type="checkbox"/> Mother's paramour	_____	<input type="checkbox"/>
d. <input type="checkbox"/> Adoptive mother	_____	<input type="checkbox"/>	l. <input type="checkbox"/> Father's paramour	_____	<input type="checkbox"/>
e. <input type="checkbox"/> Stepfather	_____	<input type="checkbox"/>	m. <input type="checkbox"/> Other non-relative	_____	<input type="checkbox"/>
f. <input type="checkbox"/> Stepmother	_____	<input type="checkbox"/>	n. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
g. <input type="checkbox"/> Foster father	_____	<input type="checkbox"/>	o. <input type="checkbox"/> Another child	_____	<input type="checkbox"/>
h. <input type="checkbox"/> Foster mother	_____	<input type="checkbox"/>	p. <input type="checkbox"/> More than two children (list in narrative)		

2. Current marital status of head of household?

- a. ☐ Married  
b. ☐ Widowed  
c. ☐ Divorced  
d. ☐ Never married  
e. ☐ Unknown



## Appendix 8. Child Fatality Review Panel Data Form 2

### D. DEATH/SCENE INFORMATION

#### 1. Place of death?

- |   |   |   |   |
|---|---|---|---|
| a. <input type="checkbox"/> Decedent's home | e. <input type="checkbox"/> Public drive  | i. <input type="checkbox"/> Other private property          | m. <input type="checkbox"/> Body of water |
| b. <input type="checkbox"/> Other home      | f. <input type="checkbox"/> Street        | j. <input type="checkbox"/> Licensed child care facility    | n. <input type="checkbox"/> Work place    |
| c. <input type="checkbox"/> Rural road      | g. <input type="checkbox"/> Private drive | k. <input type="checkbox"/> Unlicensed child care facility  | o. <input type="checkbox"/> Hospital      |
| d. <input type="checkbox"/> Highway         | h. <input type="checkbox"/> Farm          | l. <input type="checkbox"/> Child care residential facility | p. <input type="checkbox"/> Other: _____  |

#### 2. Date of injury/event?

- a. ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY) b. ☐ Unknown

#### 3. Time of injury/event?

- a. ☐ \_\_\_\_ : \_\_\_\_ (Hour:Minute) ☐ AM ☐ PM b. ☐ Unknown

#### 4. Time pronounced dead?

- a. ☐ \_\_\_\_ : \_\_\_\_ (Hour:Minute) ☐ AM ☐ PM b. ☐ Unknown

#### 5. Autopsy performed by?

- a. ☐ CFRP Pathologist (Last Name Only) \_\_\_\_\_  
b. ☐ Not performed

### E. SUPERVISION

#### 1. Who was in charge of watching the decedent at the time of injury/event?

- |   |   |   |
|---|---|---|
| a. <input type="checkbox"/> Natural father  | g. <input type="checkbox"/> Foster father                         | m. <input type="checkbox"/> Unlicensed babysitter/child care worker |
| b. <input type="checkbox"/> Natural mother  | h. <input type="checkbox"/> Foster mother                         | n. <input type="checkbox"/> Child, age: _____                       |
| c. <input type="checkbox"/> Adoptive father | i. <input type="checkbox"/> Other relative                        | o. <input type="checkbox"/> Hospital staff                          |
| d. <input type="checkbox"/> Adoptive mother | j. <input type="checkbox"/> Parent's male paramour                | p. <input type="checkbox"/> Other non-relative                      |
| e. <input type="checkbox"/> Stepfather      | k. <input type="checkbox"/> Parent's female paramour              | q. <input type="checkbox"/> No one in charge of watching            |
| f. <input type="checkbox"/> Stepmother      | l. <input type="checkbox"/> Licensed babysitter/child care worker | r. <input type="checkbox"/> Due to age, no one in charge            |

#### 2. Was the decedent adequately supervised? a. ☐ Yes b. ☐ No c. ☐ Unknown d. ☐ Not applicable

If no:

#### 1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

#### 2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?

- a. ☐ Yes b. ☐ No c. ☐ Unknown

#### 3. Was injury/event witnessed by at least one person? a. ☐ Yes b. ☐ No c. ☐ Unknown

### F. PANEL FINDINGS

#### 1. Date of first panel meeting? a. ☐ \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

#### 2. Panel members participating?

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Coroner                 | e. <input type="checkbox"/> EMS                     | h. <input type="checkbox"/> Juvenile officer |
| b. <input type="checkbox"/> Prosecutor              | f. <input type="checkbox"/> Medical examiner        | i. <input type="checkbox"/> Optional member  |
| c. <input type="checkbox"/> DFS worker              | g. <input type="checkbox"/> Law enforcement officer | j. <input type="checkbox"/> Optional member  |
| d. <input type="checkbox"/> Public health/Physician |   |  |

#### 3. Total number of meetings held? a. ☐ One b. ☐ Two c. ☐ Three or more

#### 4. Death scene investigation conducted? (Mark all that apply)

- |  |   |  |   |
|--|---|--|---|
| a. <input type="checkbox"/> By law enforcement | c. <input type="checkbox"/> By medical examiner | e. <input type="checkbox"/> By fire investigator | g. <input type="checkbox"/> Not conducted |
| b. <input type="checkbox"/> By coroner         | d. <input type="checkbox"/> By EMS              | f. <input type="checkbox"/> By other agency      |   |

#### 5. Investigation by law enforcement?

- a. ☐ Conducted, no arrest b. ☐ Conducted, arrest for: \_\_\_\_\_ c. ☐ Pending d. ☐ Not conducted

#### 6. Investigation/evaluation by juvenile officer?

- a. ☐ Conducted, no action b. ☐ Conducted, juvenile court action c. ☐ Pending d. ☐ Not conducted

#### 7. Review of records by Department of Health?

- a. ☐ Conducted, no action b. ☐ Conducted, services provided c. ☐ Pending d. ☐ Not conducted

## Appendix 8. Child Fatality Review Panel Data Form 2

8. Review of history by Division of Family Services?		
a. <input type="checkbox"/> Conducted, no action	c. <input type="checkbox"/> Conducted, case investigation	e. <input type="checkbox"/> Not conducted
b. <input type="checkbox"/> Conducted, services provided	d. <input type="checkbox"/> Pending	
9. Action by prosecutor?		
a. <input type="checkbox"/> Suspected perpetrator, no charge filed	c. <input type="checkbox"/> Pending or in progress	
b. <input type="checkbox"/> Charge filed for: _____	d. <input type="checkbox"/> No action	
10. Review of medical/trip records by EMS?		
a. <input type="checkbox"/> Conducted, no action	b. <input type="checkbox"/> Conducted, services provided	c. <input type="checkbox"/> Pending
		d. <input type="checkbox"/> Not conducted
11. Did the review lead to additional investigation? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No		
12. Were additional services provided as a result of the review? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No		
13. Were changes in agency policies or practices recommended as a result of the review? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No		
<b>G. PERSON(S) ARRESTED/CHARGED</b>		
If no arrest or charge, go to Section H		
1. Number of person(s) arrested/charged? a. <input type="checkbox"/> One b. <input type="checkbox"/> Two c. <input type="checkbox"/> Three or more		
2. Number of persons arrested or charged under 18 years of age?		
a. <input type="checkbox"/> One b. <input type="checkbox"/> Two c. <input type="checkbox"/> Three or more d. <input type="checkbox"/> Not applicable		
3. Was one or more of the persons arrested or charged responsible for supervision of the child at time of fatal illness/injury/event?		
a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No		
4. Indicate the relationship of the person(s) arrested or charged to the decedent.		
a. <input type="checkbox"/> Natural father	g. <input type="checkbox"/> Foster father	m. <input type="checkbox"/> Babysitter/child care worker
b. <input type="checkbox"/> Natural mother	h. <input type="checkbox"/> Foster mother	n. <input type="checkbox"/> Friend
c. <input type="checkbox"/> Adoptive father	i. <input type="checkbox"/> Other relative	o. <input type="checkbox"/> Acquaintance
d. <input type="checkbox"/> Adoptive mother	j. <input type="checkbox"/> Sibling	p. <input type="checkbox"/> Other non-relative
e. <input type="checkbox"/> Stepfather	k. <input type="checkbox"/> Parent's male paramour	q. <input type="checkbox"/> Other non-relative
f. <input type="checkbox"/> Stepmother	l. <input type="checkbox"/> Parent's female paramour	r. <input type="checkbox"/> Stranger
<b>H. CAUSE OF DEATH</b>		
Complete Section appropriate to death		
1. <input type="checkbox"/> INJURY (If marked, also complete Section I)		
1. Was the injury inflicted? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> Unknown		
(Inflicted - defined as assaultive or aggressive action)		
2. Was the injury intentional? a. <input type="checkbox"/> Intentional b. <input type="checkbox"/> Unintentional/Accidental c. <input type="checkbox"/> Unknown		
3. If intentional, was decedent? a. <input type="checkbox"/> Intended victim b. <input type="checkbox"/> Random victim		
4. Person(s) inflicting injury? (Mark all that apply)		
a. <input type="checkbox"/> Self	e. <input type="checkbox"/> Stepfather	i. <input type="checkbox"/> Other relative
b. <input type="checkbox"/> Mother	f. <input type="checkbox"/> Mother's paramour	j. <input type="checkbox"/> Acquaintance
c. <input type="checkbox"/> Father	g. <input type="checkbox"/> Father's paramour	k. <input type="checkbox"/> Friend
d. <input type="checkbox"/> Stepmother	h. <input type="checkbox"/> Foster parent	l. <input type="checkbox"/> Child care worker
		m. <input type="checkbox"/> Sibling
		n. <input type="checkbox"/> Other child
		o. <input type="checkbox"/> Stranger
		p. <input type="checkbox"/> Unknown
5. Age of primary person inflicting injury? a. <input type="checkbox"/> _____ b. <input type="checkbox"/> Unknown		
6. Race of primary person inflicting injury?		
a. <input type="checkbox"/> White	c. <input type="checkbox"/> Asian/Pacific Islander	e. <input type="checkbox"/> Unable to determine
b. <input type="checkbox"/> Black	d. <input type="checkbox"/> American Indian/Alaskan Native	f. <input type="checkbox"/> Unknown

## Appendix 8. Child Fatality Review Panel Data Form 2

9. Was the injury drug related?	a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown	
10. Was the injury gang related?	a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown	
11. Did the injury occur during commission of a crime?	a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown	
12. If suicide: (Mark all that apply)	a. <input type="checkbox"/> Prior attempts    c. <input type="checkbox"/> Had previously received mental health services b. <input type="checkbox"/> Talked of suicide    d. <input type="checkbox"/> Suicide completely unexpected c. <input type="checkbox"/> Prior mental health problems	
<b>2. <input type="checkbox"/> ILLNESS OR OTHER NATURAL CAUSE</b> (If applicable, complete Inadequate Care or Neglect in Section I)		
1. <input type="checkbox"/> Known Condition _____		
<b>Complete questions 2 - 11 if natural cause death in infant &lt;1 year of age (INCLUDING SIDS)</b>		
2. Age at death?		
a. <input type="checkbox"/> 0 - 24 hours after birth    c. <input type="checkbox"/> 48 hours - 6 weeks    e. <input type="checkbox"/> 6 months - 1 year b. <input type="checkbox"/> 24 - 48 hours    d. <input type="checkbox"/> 6 weeks - 6 months		
3. Gestational age at birth?		
a. <input type="checkbox"/> <25 weeks    b. <input type="checkbox"/> 25 - 30 weeks    c. <input type="checkbox"/> 30 - 37 weeks    d. <input type="checkbox"/> >37 weeks    e. <input type="checkbox"/> Unknown		
4. Birth weight in grams (approximate lbs./oz.)?		
a. <input type="checkbox"/> < 750 (<1 lb. 10 oz.)    c. <input type="checkbox"/> 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.)    e. <input type="checkbox"/> Unknown b. <input type="checkbox"/> 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.)    d. <input type="checkbox"/> >2,500 (>5 lbs. 6 oz.)		
5. Multiple birth?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No		
6. Total number of prenatal visits?		
a. <input type="checkbox"/> None    b. <input type="checkbox"/> 1 - 3    c. <input type="checkbox"/> 4 - 6    d. <input type="checkbox"/> 7 - 10    e. <input type="checkbox"/> Unknown		
7. First prenatal visit occurred during?		
a. <input type="checkbox"/> First trimester    b. <input type="checkbox"/> Second trimester    c. <input type="checkbox"/> Third trimester    d. <input type="checkbox"/> Unknown		
8. Medical complications during pregnancy?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown		
9. Smoking during pregnancy?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown		
10. Drug use during pregnancy?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown		
11. Alcohol use during pregnancy?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown		
<b>3. <input type="checkbox"/> UNKNOWN CAUSE (Describe in narrative)</b>		
<b>I. CIRCUMSTANCES OF DEATH</b>		
1. <input type="checkbox"/> <b>SUDDEN INFANT DEATH SYNDROME</b> (Also complete Section H-2, questions 2-11)		
1. Position of decedent at discovery?		
a. <input type="checkbox"/> On stomach, face down    c. <input type="checkbox"/> On stomach, face position unknown    e. <input type="checkbox"/> On side b. <input type="checkbox"/> On stomach, face to side    d. <input type="checkbox"/> On back    f. <input type="checkbox"/> Unknown		
2. Normal sleeping position?		
a. <input type="checkbox"/> On Back    b. <input type="checkbox"/> On stomach    c. <input type="checkbox"/> On side    d. <input type="checkbox"/> Varies    e. <input type="checkbox"/> Unknown		
3. Location of decedent when found?		
a. <input type="checkbox"/> Crib    b. <input type="checkbox"/> Playpen    c. <input type="checkbox"/> Bed    d. <input type="checkbox"/> Couch    e. <input type="checkbox"/> Floor    f. <input type="checkbox"/> Other    g. <input type="checkbox"/> Unknown		
4. Was decedent sleeping alone?		
a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown		

## Appendix 8. Child Fatality Review Panel Data Form 2

### 2. ☐ INADEQUATE CARE OR NEGLECT (Mark all that apply)

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Apparent lack of supervision    | e. <input type="checkbox"/> Malnutrition            | i. <input type="checkbox"/> Inadequate medical attention |
| b. <input type="checkbox"/> Apparent lack of medical care   | f. <input type="checkbox"/> Dehydration             | j. <input type="checkbox"/> Out-of-hospital birth        |
| c. <input type="checkbox"/> Munchausen Syndrome by Proxy    | g. <input type="checkbox"/> Oral water intoxication | k. <input type="checkbox"/> Other                        |
| d. <input type="checkbox"/> Failure to Thrive (non-organic) | h. <input type="checkbox"/> Delayed medical care    |  |

### 3. ☐ VEHICLE ACCIDENT

#### 1. Position of decedent?

- |  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Operator   | c. <input type="checkbox"/> Passenger | e. <input type="checkbox"/> Other   |
| b. <input type="checkbox"/> Pedestrian | d. <input type="checkbox"/> Bicyclist | f. <input type="checkbox"/> Unknown |

#### 2. Vehicle in which decedent was occupant?

- |  |  |   |  |
|--|--|---|--|
| a. <input type="checkbox"/> Car          | d. <input type="checkbox"/> Bicycle      | g. <input type="checkbox"/> Other farm vehicle        | j. <input type="checkbox"/> Other          |
| b. <input type="checkbox"/> Truck/RV/Van | e. <input type="checkbox"/> Riding mower | h. <input type="checkbox"/> All-terrain vehicle       | k. <input type="checkbox"/> Not applicable |
| c. <input type="checkbox"/> Motorcycle   | f. <input type="checkbox"/> Farm tractor | i. <input type="checkbox"/> Semi/Tractor trailer unit |  |

#### 3. Vehicle in which decedent was not occupant?

- |  |  |   |  |
|--|--|---|--|
| a. <input type="checkbox"/> Car          | d. <input type="checkbox"/> Bicycle      | g. <input type="checkbox"/> Other farm vehicle        | j. <input type="checkbox"/> Other          |
| b. <input type="checkbox"/> Truck/RV/Van | e. <input type="checkbox"/> Riding mower | h. <input type="checkbox"/> All-terrain vehicle       | k. <input type="checkbox"/> Not applicable |
| c. <input type="checkbox"/> Motorcycle   | f. <input type="checkbox"/> Farm tractor | i. <input type="checkbox"/> Semi/Tractor trailer unit |  |

#### 4. Condition of road?

- |                                    |  |                                 |   |                                   |                                     |
|------------------------------------|--|---------------------------------|---|-----------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Normal | b. <input type="checkbox"/> Loose gravel | c. <input type="checkbox"/> Wet | d. <input type="checkbox"/> Ice or snow | e. <input type="checkbox"/> Other | f. <input type="checkbox"/> Unknown |
|------------------------------------|--|---------------------------------|---|-----------------------------------|-------------------------------------|

#### 5. Restraint used?

- |   |  |  |
|---|--|--|
| a. <input type="checkbox"/> Present, not used | c. <input type="checkbox"/> Used correctly   | e. <input type="checkbox"/> Unknown        |
| b. <input type="checkbox"/> None in vehicle   | d. <input type="checkbox"/> Used incorrectly | f. <input type="checkbox"/> Not applicable |

#### 6. Helmet used?

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Helmet worn | b. <input type="checkbox"/> Helmet not worn | c. <input type="checkbox"/> Not applicable |
|---|---|--|

#### 7. Alcohol and/or other drug use?

- |   |  |
|---|--|
| a. <input type="checkbox"/> Decedent impaired                     | c. <input type="checkbox"/> Driver of other vehicle impaired |
| b. <input type="checkbox"/> Driver of decedent's vehicle impaired | d. <input type="checkbox"/> Not applicable                   |

#### 8. Primary cause of accident?

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| a. <input type="checkbox"/> Speeding     | c. <input type="checkbox"/> Mechanical failure | e. <input type="checkbox"/> Driver error | g. <input type="checkbox"/> Unknown |
| b. <input type="checkbox"/> Carelessness | d. <input type="checkbox"/> Weather conditions | f. <input type="checkbox"/> Other        |                                     |

### 4. ☐ DROWNING

#### 1. Place of drowning?

- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| a. <input type="checkbox"/> Lake, river, pond or creek | c. <input type="checkbox"/> Swimming pool | e. <input type="checkbox"/> Bucket      | g. <input type="checkbox"/> Other   |
| b. <input type="checkbox"/> Bathtub                    | d. <input type="checkbox"/> Well/Cistern  | f. <input type="checkbox"/> Wading pool | h. <input type="checkbox"/> Unknown |

#### 2. Activity at time of drowning?

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| a. <input type="checkbox"/> Boating                 | c. <input type="checkbox"/> Swimming | e. <input type="checkbox"/> Other   |
| b. <input type="checkbox"/> Playing at water's edge | d. <input type="checkbox"/> Playing  | f. <input type="checkbox"/> Unknown |

#### 3. Was decedent wearing a floatation device?

- |                                 |                                |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

#### 4. Did decedent enter area of water unattended?

- |                                 |                                |                                     |  |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

#### 5. Could decedent swim?

- |                                 |                                |                                     |  |
|---------------------------------|--------------------------------|-------------------------------------|--|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No | c. <input type="checkbox"/> Unknown | d. <input type="checkbox"/> Not applicable |
|---------------------------------|--------------------------------|-------------------------------------|--|

#### 6. Were alcohol or drugs a factor?

- |                                 |                                |
|---------------------------------|--------------------------------|
| a. <input type="checkbox"/> Yes | b. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

## Appendix 8. Child Fatality Review Panel Data Form 2

### 5. ☐ FIREARM

1. Person handling the firearm?

- a. ☐ Decedent    b. ☐ Family member    c. ☐ Acquaintance    d. ☐ Stranger    e. ☐ Unknown

2. Type of firearm?

- a. ☐ Handgun    b. ☐ Rifle    c. ☐ Shotgun    d. ☐ Other    e. ☐ Unknown

3. Age of person handling firearm?

- a. ☐ \_\_\_\_\_    b. ☐ Unknown

4. Use of firearm at time of injury?

- a. ☐ Shooting at other person    d. ☐ Target shooting    g. ☐ Playing  
b. ☐ Shooting at self    e. ☐ Loading firearm    h. ☐ Other  
c. ☐ Cleaning firearm    f. ☐ Hunting    i. ☐ Unknown

5. Did person handling firearm attend safety classes?

- a. ☐ Yes    b. ☐ No    c. ☐ Unknown

### 6. ☐ SUFFOCATION/STRANGULATION

1. Cause of suffocation/strangulation?

- a. ☐ Other person overlaying or rolling over decedent    f. ☐ Object exerting pressure on victim's neck/chest  
b. ☐ Wedging    g. ☐ Small object or toy in mouth  
c. ☐ Food    i. ☐ Other  
d. ☐ Other person's hand(s)    j. ☐ Unknown  
e. ☐ Object covering decedent's mouth/nose

2. If sleeping, location of decedent at the time?

- a. ☐ In crib    c. ☐ In couch/chair    e. ☐ In infant car seat    g. ☐ Other  
b. ☐ In bed    d. ☐ Being held    f. ☐ On floor    h. ☐ Unknown

3. If sleeping, was decedent sleeping alone?

- a. ☐ Yes    b. ☐ No    c. ☐ Unknown

4. If bedding was involved:

1. Was the design of bed hazardous?  
a. ☐ Yes    b. ☐ No    c. ☐ Unknown
2. Was decedent placed on soft bedding?  
a. ☐ Yes    b. ☐ No    c. ☐ Unknown
3. Was there improper use of bedding?  
a. ☐ Yes    b. ☐ No    c. ☐ Unknown

### 7. ☐ ELECTROCUTION

1. Source of electricity?

- a. ☐ Water contact    c. ☐ Electrical outlet    e. ☐ Tool    g. ☐ Other  
b. ☐ Electrical wire    d. ☐ Appliance    f. ☐ Lightning    h. ☐ Unknown

### 8. ☐ FALL INJURY

1. Fall was from?

- a. ☐ Open window    c. ☐ Natural elevation    e. ☐ Man-made elevation  
b. ☐ Furniture    d. ☐ Stairs or steps    f. ☐ Other

2. Height of fall?    a. ☐ # feet \_\_\_\_\_    b. ☐ Unknown

3. Landing surface composition/hardness?

- a. ☐ Carpet    b. ☐ Concrete    c. ☐ Ground    d. ☐ Other

4. Was decedent in a baby walker?

- a. ☐ Yes    b. ☐ No    c. ☐ Not applicable

5. Was decedent thrown or pushed down?

- a. ☐ Yes    b. ☐ No    c. ☐ Unknown

## Appendix 8. Child Fatality Review Panel Data Form 2

### 9. ☐ POISONING/OVERDOSE

1. Type of poisoning?

- |   |   |  |
|---|---|--|
| a. <input type="checkbox"/> Prescription medicine     | d. <input type="checkbox"/> Illegal drug                            | g. <input type="checkbox"/> Food product |
| b. <input type="checkbox"/> Over-the-counter medicine | e. <input type="checkbox"/> Alcohol                                 | h. <input type="checkbox"/> Other        |
| c. <input type="checkbox"/> Chemical                  | f. <input type="checkbox"/> Carbon monoxide or other gas inhalation | i. <input type="checkbox"/> Unknown      |

2. Was substance in safety packaging?

- a. ☐ Yes    b. ☐ No    c. ☐ Unknown    d. ☐ Not applicable

3. Location of drug or chemical?

- a. ☐ In closed, secured area    b. ☐ In closed, unsecured area    c. ☐ In open area

### 10. ☐ FIRE/BURN

1. If fire, the source?

- |                                     |  |  |   |                                     |
|-------------------------------------|--|--|---|-------------------------------------|
| a. <input type="checkbox"/> Matches | c. <input type="checkbox"/> Cigarette    | e. <input type="checkbox"/> Explosives | g. <input type="checkbox"/> Space heater  | i. <input type="checkbox"/> Other   |
| b. <input type="checkbox"/> Lighter | d. <input type="checkbox"/> Combustibles | f. <input type="checkbox"/> Fireworks  | h. <input type="checkbox"/> Faulty wiring | j. <input type="checkbox"/> Unknown |

2. Smoke alarm present?    a. ☐ Yes    b. ☐ No    c. ☐ Unknown    d. ☐ Not applicable

3. Smoke alarm in working order?    a. ☐ Yes    b. ☐ No    c. ☐ Unknown    d. ☐ Not applicable

4. Fire started by?    a. ☐ Decedent    b. ☐ Other    c. ☐ No one    d. ☐ Unknown

5. Activity of person starting fire?

- |                                     |   |                                     |  |
|-------------------------------------|---|-------------------------------------|--|
| a. <input type="checkbox"/> Playing | c. <input type="checkbox"/> Cooking         | e. <input type="checkbox"/> Other   | g. <input type="checkbox"/> Not applicable |
| b. <input type="checkbox"/> Smoking | d. <input type="checkbox"/> Suspected arson | f. <input type="checkbox"/> Unknown |  |

6. Construction of fire site?

- a. ☐ Wood frame    b. ☐ Brick/stone    c. ☐ Metal    d. ☐ Trailer    e. ☐ Other    f. ☐ Not applicable

7. Multiple fire injuries or deaths?    a. ☐ Yes    b. ☐ No

8. For structure fire, where was decedent found?

- a. ☐ Hiding    b. ☐ In bed    c. ☐ Stairway    d. ☐ Close to exit    e. ☐ Other

9. Did decedent know of a fire escape plan?

- a. ☐ Yes    b. ☐ No    c. ☐ Unknown    d. ☐ Not applicable

10. If burn, the source?

- a. ☐ Hot water    b. ☐ Appliance    c. ☐ Cigarettes    d. ☐ Heater    e. ☐ Chemical    f. ☐ Other

### 11. ☐ CRUSH (Non-vehicle) (Describe in narrative)

1. Where did crush occur?    a. ☐ Indoors    b. ☐ Outdoors

### 12. ☐ CONFINEMENT

1. Place of confinement?

- |  |  |                                   |
|--|--|-----------------------------------|
| a. <input type="checkbox"/> Refrigerator/Appliance | c. <input type="checkbox"/> Chest/Box/Locker | e. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Motor vehicle          | d. <input type="checkbox"/> Room/Building    |                                   |

### 13. ☐ SHAKEN/IMPACT SYNDROME

1. Prior history of abuse?

- a. ☐ Yes    b. ☐ No

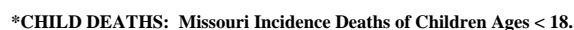
2. Suspected cause?

- a. ☐ Crying    b. ☐ Disobedience    c. ☐ Feeding difficulty    d. ☐ Toilet training    e. ☐ Other    f. ☐ Unknown

## Appendix 8. Child Fatality Review Panel Data Form 2

<b>14. <input type="checkbox"/> OTHER INFLICTED INJURY</b> 1. Manner of injury? a. <input type="checkbox"/> Cut/stabbed    b. <input type="checkbox"/> Struck    c. <input type="checkbox"/> Thrown    d. <input type="checkbox"/> Other    e. <input type="checkbox"/> Unknown 2. Injury inflicted with? a. <input type="checkbox"/> Sharp object (e.g., knife, scissors)    c. <input type="checkbox"/> Hands/feet    e. <input type="checkbox"/> Unknown b. <input type="checkbox"/> Blunt object (e.g., hammer, bat)    d. <input type="checkbox"/> Other	
<b>15. <input type="checkbox"/> OTHER CAUSE</b> (Describe in narrative)	
<b>J. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS</b>	
<b>K. SERVICES PROVIDED</b>	
1. List services provided by agencies as a result of the death. (Mark all that apply) a. <input type="checkbox"/> Bereavement counseling    d. <input type="checkbox"/> Emergency shelter    g. <input type="checkbox"/> Health care    j. <input type="checkbox"/> No services b. <input type="checkbox"/> Economic support    e. <input type="checkbox"/> Mental health services    h. <input type="checkbox"/> Legal services c. <input type="checkbox"/> Funeral arrangements    f. <input type="checkbox"/> Social services    i. <input type="checkbox"/> Other	
<b>L. PREVENTION</b>	
1. To what degree was this death believed to be preventable? a. <input type="checkbox"/> Not at all    b. <input type="checkbox"/> Possibly    c. <input type="checkbox"/> Definitely 2. Primary risk factors involved in the child's death? (Mark all that apply) a. <input type="checkbox"/> Medical    c. <input type="checkbox"/> Economic    e. <input type="checkbox"/> Environmental    g. <input type="checkbox"/> Drugs or alcohol b. <input type="checkbox"/> Social    d. <input type="checkbox"/> Behavioral    f. <input type="checkbox"/> Product safety    h. <input type="checkbox"/> Other 3. Were these risk factors identified in your community prior to the death?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No 4. Was any action taken in your community to address the risk factors prior to this death?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No 5. Could the family or child have taken actions to reduce the risk?    a. <input type="checkbox"/> Yes    b. <input type="checkbox"/> No    c. <input type="checkbox"/> Unknown 6. What prevention activities have been proposed since the death? (Mark all that apply) a. <input type="checkbox"/> Legislation, law or ordinance    f. <input type="checkbox"/> Consumer product safety action (800-638-8095) b. <input type="checkbox"/> Community safety project    g. <input type="checkbox"/> News services c. <input type="checkbox"/> Public forums    h. <input type="checkbox"/> Changes in agency practice d. <input type="checkbox"/> Educational activities in school    i. <input type="checkbox"/> Other programs or activities e. <input type="checkbox"/> Educational activities in the media    j. <input type="checkbox"/> None 7. Target populations for prevention activities? (Mark all that apply) a. <input type="checkbox"/> Children    c. <input type="checkbox"/> Parents/Care givers    e. <input type="checkbox"/> Others b. <input type="checkbox"/> General public    d. <input type="checkbox"/> Child protection professionals 8. Estimated costs for prevention? a. <input type="checkbox"/> No cost involved    c. <input type="checkbox"/> <\$100    e. <input type="checkbox"/> >\$500 b. <input type="checkbox"/> All services donated    d. <input type="checkbox"/> \$100 - \$500    f. <input type="checkbox"/> Unknown 9. Lead organization? a. <input type="checkbox"/> Health/Medical services    d. <input type="checkbox"/> Schools    g. <input type="checkbox"/> Other b. <input type="checkbox"/> Social services    e. <input type="checkbox"/> Mental health services c. <input type="checkbox"/> Law enforcement    f. <input type="checkbox"/> Local community group	
CFRP CHAIR SIGNATURE ►	DATE (MM/DD/YY) ____/____/____
REGIONAL COORDINATOR SIGNATURE ►	DATE (MM/DD/YY) ____/____/____

## 1998 COORDINATOR REGIONS AND CHILD DEATHS PER COUNTY\*



1-800-487-1626



The State Technical Assistance Team (STAT) would like to acknowledge the efforts of the Department of Social Services Research and Evaluation Unit, particularly, Rebecca Diekemper in compiling the statistics for this annual report and for her ongoing responsiveness to the data needs of this unit.

This report is available at this internet address:

**[www.dss.state.mo.us/stat/stat.htm](http://www.dss.state.mo.us/stat/stat.htm)**

For additional information about the Missouri's Child Fatality Review Program:

call: 1-573-751-5980

e-mail: [dssstat@mail.state.mo.us](mailto:dssstat@mail.state.mo.us)

write to: State Technical Assistance Team

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